



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S02817 (2)</b> 1. Corporation Name <b>L.A.P.B., INC.</b>					
Principal Place of Business <b>21618 ST. ANDREWS BLVD BOCA RATON FL 33433</b>			Mailing Address <b>21618 ST. ANDREWS BLVD BOCA RATON FL 33433-3715</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>09/28/1990</b> 3a. Date of Last Report <b>01/29/1996</b> 4. FEI Number <b>65-0218501</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PROFFER, PHILIP PAUL 21618 ST. ANDREWS BLVD BOCA RATON FL 33433</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	V <input type="checkbox"/> DELETE				
NAME	<b>NAYLOR RICHARD</b>				
STREET ADDRESS	<b>375 N W 103 AVE</b>				
CITY-ST-ZIP	<b>PLANTATION FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>LUCIA, E. SANTA</b>				
STREET ADDRESS	<b>1207 S.E. 17TH ST.</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>				
TITLE	T <input type="checkbox"/> DELETE				
NAME	<b>WILLIAMS, KEN</b>				
STREET ADDRESS	<b>1003 ORANGE AVE.</b>				
CITY-ST-ZIP	<b>WEST HAVEN CT</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>ROLLES, CHARLES</b>				
STREET ADDRESS	<b>P.O. BOX 10023 N/A</b>				
CITY-ST-ZIP	<b>ASPEN CO</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>DAY, JOHN</b>				
STREET ADDRESS	<b>429 SEABREEZE BLVD.</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  1-7-96 407-338-5570					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)