

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S38402 (1)

1. Corporation Name
L.B. VENTURES, INC.



Principal Place of Business 120 S. TYNDALL PKWY. PANAMA CITY FL 32404 US	Mailing Address 900 CALIFORNIA AVE. NE PALM BAY FL 32907-2631 US
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3. Date Incorporated or Qualified 03/13/1991	3a. Date of Last Report 08/02/1996
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2. Principal Place of Business		2a. Mailing Address	
21 940 Rockledge Blvd.	26		
Suite, Apt. #, etc. 22 S-2		Suite, Apt. #, etc. 27	
City & State 23 Rockledge Florida		City & State 28	
Zip 24 32955	Country 25 BREVARD	Zip 29	Country 30

4. FEI Number 59-3055577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		81 Name
BROOKS, BRENDA F. 500 CALIFORNIA AVE NE PALM BAY FL 32907		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		FL 85 Zip Code

10. Name and Address of New Registered Agent

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 *Brenda F. Brooks DP* DATE **3-25-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BRENDA F.	1.2 NAME	
STREET ADDRESS	500 CALIFORNIA AVE., N.E.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BAY FL	1.4 CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ROBERT J.	2.2 NAME	
STREET ADDRESS	500 CALIFORNIA AVE., N.E.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BAY FL	2.4 CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, CHARLOTTE F	3.2 NAME	
STREET ADDRESS	500 CALIFORNIA AVE., N.E.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BAY FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *Brenda F. Brooks* **Brenda F. Brooks** DATE: **3-25-97** 407-984-2790

CR2E034 (9/96)