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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90115 046 ***150.00

DOCUMENT # S75823 1. Corporation Name

LABBETT DESIGNS, INC.

Zip Country Zip Country Zip Country Be Personal Property Tax. very v							
WEST PALM BOH FL 3901 US DO NOT WRITE IN THIS SPACE	Principal Place	of Business	Mailing Address			1811 At 211 B1211 At 411 B1211 1241	
3. Date incrovance or Qualifed OB/26/1991 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. File Number 3. Applied For Control Place of Business 3. Section 4. File Number 4. File Number 5. Section 6. Section	WEST PALM BCH FL 33401 WEST PALM BCH FL 33401				DO NOT WRITE IN THIS	SPACE	
Sulfe, Apt. #, etc.	US		US ,		3. Date Incorporated or Qualifed		
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	-	ace of Business	-			 	
City & State Stat	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			• - · · · · · · · · · · · · · · · · · ·	
28] Turn Fund Contribution Added to Pees Turn Fund Contribution Turn Fund Contribution Turn Fund Contribution Turn Fund Fund Contribution Turn Fund Fund Contribution Turn Fund Fund Fund Fund Fund Fund Fund Fun			· -	6. Election Campaign Financing	\$5.00 May Be		
25	23		28		Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent LABBETT, DEREK 1121 E LAS OLAS BLVD FT LAUDERDALE FL 33301 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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporations business this statement for the purpose of changing its registered agent, and armiting with, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporations business this statement for the purpose of changing its registered agent agent, and armiting with, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporations business submits its statement for the purpose of changing its registered agent, and armiting with a corporations because the corporations business submits its statement for the purpose of changing its registered agent, and armiting its registered agent, and armiting its registered agent agent and the purpose of changing its registered agent agent and the purpose of changing its registered agent agent and accept the corporations because a submit agent age	Zip			¬ '	1 **		
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS TITLE ABBETT, DEREK 12 NAME LASBETT, DEREK 425 SO LINE AVENUE WEST PALM BCH FL 33401. DELETE 12 ITILE OELETE 21 ITILE OELETE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZPP TITLE OELETE 3.1 ITILE OELETE 3.1 ITILE Change Addition Add	1121	E LAS OLAS BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
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14. I hereby certify that the information supplied with does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supple officer or director of the corporation of Block 12 or Block 13 if changed, or on a

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP