FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(8)

THE LABOR COMPANY - LABOR 1

FILED Apr 23 1996 8:00 am Secretary of State



rincipal Place of E	usiness	Mailing Address		 .				
P.O. BOX 32793	3 Gardens FL 33420	P.O. BOX 3 Palm Beac	2793 CH GARDENS F	L 33420				
Them benon					3. Date Incorporated or Qualified 11/04/1991	3a. Date 0	1/20/19	ort 35
		A. Malino Add	Irane		A ESI Number	1	Ar	oplied For
Principal Place	of Business	2a. Mailing Add	δύχ 32	279	59-3096488			ot Applicable
Suite, Apt. #, e	ic.	Suite, Apt.			5. Certificate of Status Desired			Additional equired
Suite, Apr. #, e	io.	27						May Be
City & State		City & State	е		Election Campaign Financing Trust Fund Contribution		4 -	to Fees
		28	-	Country	R. This corporation has liability for	intangible tax	cunder s	199.032,
Zip	Country	Zip 29	30	n	Florida Statutes	, []No		
	25 3. Name and Address of Co				10. Name and Address of New F	tegistered A	gent	
				81 Name R	Ichard Zarctsky			
LEWIS, T	OBY			82 Street Act	iress (P.O. Box Number is Not Accupial)(e)		
10800 N MILITARY TRAIL				83	ass Polm Beach Like	7 37:		
SUITE 222				** 5	ute 900		T-21-5.	O- d-
PALM BEACH GARDENS FL 33410				84 City ()	st Polm Reach	FL	85 Zip	Code 3 401
		0500 and 607 1500 Flo	rida Statutes t	he above-named corp	oration submits this statement for the pu	rpose of cha	inging its re	egistered office
 Pursuant to t or registered 	he provisions of Sections 607 agent, or both, in the State of	f Florida. Such change wa	as authorized t	y the corporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	pointment as	registereo	agent. ram
familiar with,	and accept the obligations of	Section 607.0505, Florid	ja Statutes.			411/5	<i>(</i>	
IGNATURE	Richard P. Za	ed agent and title if applicable	(NOTE: F	egistered Agont signature requ	ied when renstating? ADDITIONS/CHANGES TO OF	CIOCOD AND	DIDECTO	DS IN 12
2.	OFFICER	RS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
TLE	P LENG HEATHED	×	ELETE	1, 1 TITLE		_	_ ,	
AME	LEWIS, HEATHER 4360 NORTHLAKE BL	VD #201		1.2 NAME				
TREET ADDRESS	PALM BEACH GARDE	NS FI		1.3 STREET ADDRESS 1.4 City - St - Zip				
ITY-ST-ZIP	S S		DELETE	2.1 TITLE		1	Change	☐ Addition
ITLE	LEWIS, TOBY R	. بـــا		22 NAME				
AME	4360 NORTHLAKE PA	RK BLVD. #201		2.3 STREET ADDRESS				
TREET ADDRESS	PALM BEACH GARDE	NS FL		2.4 CITY - ST - ZIP			Change	Addition
ITLE			DELETE	3 1 TITLE			Littlenge	[] House
IAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY - ST- ZIF			DELETE	3 4 CITY-ST-ZIP 4 1 TITLE			Change	Addition
ITLE		U	DETELE	4.2 NAME				
IAME .	1,,,			4.3 STREET ADDRESS				
STREET ADDRESS				4.4 CITY - ST - ZIP				C 4440ia
DITY-ST-ZIP DITUE			DELETE	5 1 TITLE			☐ Change	Addition Addition
NAME				52 NAME				
STREET ADDRESS				53 STREET ADDRESS				
CITY - ST - ZIP			05: 57	5.4 CITY-ST-ZIP			Change	Addition
TITLE			DELETE	6 1 TITLE				-
NAMÉ				6.2 NAME 6.3 STREET ADDRESS				
STREET ADDRESS				1				
CITY - ST - ZIP	contify that the information si	upplied with this filing is v	oluntarily furnis		ify for the exemption stated in Section 1 curate and that my signature shall have	19.07(3)(k), F	Iorida Stati al effect as	utes. I further i if made unde
certify that	the information indicated on a	Illis Billidal Toport of the Koon	in or trustee	empowered to execut	Infy for the exemption stated in Section 1 curate and that my signature shall have a this report as required by Chapter 607	, Florida Stat	utes; and t	hat my name
oath; that appears in	DIOUK IZ DI DIOUK TO II OND S				1.			
		//15/	1.1	يعيم 1 م ي	4/14/4	l	10768	<u>5,44w</u>
SIGNAT	URE: SIGNATURE AND	TYPED ON PRINTED NAME OF	SIGNING OFFICER	OR DIRECTOR	Date		Daytinie Prior	ĭe ≢