

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # V56850 (3)  
1. Corporation Name  
L S B HOLDINGS, INC.

Principal Place of Business	Mailing Address
119 N STATE RD 7 PLANTATION FL 33317 US	119 N STATE ROAD 7 PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/07/1992**

4. FEI Number

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

#### 6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

☐ Yes      ☐ No

**9. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

ISTEL, JOHN M  
900 RIVER REACH DR  
412  
FT LAUDERDALE FL 33315

81	Name <b>JOHN M. ISBEL</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>191 NW 46 Ave</b>
83	
84	City <b>Plantation</b>

11. Pursuant to the provisions of Sections 607.0302 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.**

Signature, typed or printed name of recipient(s) and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12.	OFFICERS AND DIRECTORS
-----	------------------------

TITLE	PSDC
NAME	ISTEL, JOHN M
STREET ADDRESS	900 RIVER REACH DRIVE, 412
CITY - ST - ZIP	FT LAUDERDALE FL

TITLE	D
NAME	ROBERTO, STEVEN
STREET ADDRESS	2900 BANYAN ST #406
CITY - ST - ZIP	FT LAUDERDALE FL

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	191 New 46 Ave
1.4 CITY - ST - ZIP	Plantation, FL 33317

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

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 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: [Signature] 4/25/98 24581-2388

CP2E034 (10/97)