

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

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018845

1. Corporation Name
LABAR COMPUTER SERVICES INC.



Principal Place of Business P.O. BOX 730926 ORMOND BEACH FL 32173-0926	Mailing Address P.O. BOX 730926 ORMOND BEACH FL 32173-0926
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	435 S. RIDGEWOOD AVE	26	P.O. BOX 9668	02/24/1997	
Suite, Apt. #, etc. 22 # 208		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State 23 DAYTONA BEACH, FL		City & State 28 DAYTONA BEACH, FL		59-3429049	Not Applicable
24	32114	25	USA	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip		Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29	32120	30	USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LABAR, RICHARD W
 500 SHADOW LAKES BLVD.
 APT 45
 ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81	Name	RICHARD W. LABAR
82	Street Address (P.O. Box Number is Not Acceptable)	737 CREEKWATER TER # 207
83		
84	City	LAKE MARY
85	State	FL
	Zip Code	32746

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: *Richard W. Labar* RICHARD W. LABAR DATE: 4/30/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	RICHARD, L	
STREET ADDRESS	500 SHADOW LAKE BLVD, APT 45	
CITY-ST-ZIP	ORMOND BCH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD LABAR	
1.3 STREET ADDRESS	737 CREEKWATER TER # 207	
1.4 CITY-ST-ZIP	LAKE MARY, FL. 32746	

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 this 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, with all other like empowered.

SIGNATURE: *Richard W. Labar* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/30/99 DAYTIME PHONE #: 904-252-4693

CR2E034 (1/98)