Applied For

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 828504 1. Corporation Name

LIEBERMAN COMPANIES, INC.

Principal Place of Business
9549 PENN AVE. SOUTH
MINNEAPOLIS MN 55431

2. Principal Place of Business

Mailing Address

9549 PENN AVE. SOUTH MINNEAPOLIS MN 55431

2a. Mailing Address

26

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90053 046 ***150.00

3. Date Incorporated or Qualifed

08/16/1972 4. FEI Number

41-0905764



DO NOT WRITE IN THIS SPACE

Suite, Apt.	#, etc.	Suite, Apt. #, etc.	–		5. Certifcate of Status Desired	5. Certificate of Status Desired Fee Required			
22		27		47.00					
City & State City & State							Added to	· ·	
Zip	Country Zip Co			untry 8. This corporation owes the current year Intangible					
24	25 29 30			Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Ag	jent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
				The state of the s					
				83					
			<u> </u>	84 City 85 Zip Code					
				FL 85 Zip Code					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e-named co	rporation submits this statement for th	e purpose of ch	anging its r	egistered	
11 11 mes an an a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Fionda Such change was a	mmonzea o	THE CUIDUIG	ition's board of directors. I hereby acci	ерт тпе арровти	ment as reg	istered	
SIGNATURE	• .	4107	F D. 3-1	at allowaters was	ired when reinstating)	DATE			
	Signature, typed or printed name of registered agent a OFFICERS AND	NO UNO IL EPPINICATION ()	13.	int signature requ	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 12	
12.	PD OFFICERS AND	DELETE	1,1 TITLE	1	e e e e e e		Change	Addition	
TITLE	· -		1.2 NAME	•	r - Erica				
NAME	LIEBERMAN, STEPHEN E	•		T 4000566					
STREET ADDRESS	2 22 24 24 24 24 24 24 24 24 24 24 24 24			TADDRESS					
CITY-ST-ZIP	MINNEAPOLIS MN	Closuste.	1.4 CITY-	ST-ZIP			Change	Addition	
TITLE	SD	☐ DELETE	2.1 TITLE	İ					
NAME	OKINOW, HAROLD		2.2 NAME						
STREET ADDRESS			2.3 STRE	TADDRESS					
CITY-ST-ZIP	MINNEAPOLIS MN		2. 4 CITY-	ST-ZIP				Addition	
TITLE	James Cara La Table	☐ DELETE	3.1 TITLE				Change		
NAME ()	GOLDBERG, SANFORD J		3.2 NAME						
STREET ADDRESS	9549 PENN AVE. S.		3.3 STRE	T ADDRESS	100.00	16 T (18 8) 4 \$	12803 S	1189114	
CITY-ST-ZIP	MINNEAPOLIS MN		3.4. CITY-	ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE		च्या १८८३ वर्षक्या क्रिकेट इसे कुछ व		Change 1:	y:: ☐ Addition	
	LEDERMAN, HAROLD		4. 2 NAM						
NAME STREET ADDRESS	ACTO OFFINE ALE O		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MINNIAPOLIS MN		4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME	· ·		5.2 NAME					-	
			5.3 STRE	ET ADORESS				,	
STREET ADDRESS	Pty		5.4 CITY-	ST-ZIP					
CITY-ST-ZIP	Backery Na Comment of the State	☐ DELETE	6.1 TITLE				Change	Addition	
TITLE	85-19 FEW WELLS		6.2 NAME					•	
NAME	MS水混合 2(扩下)。			ET ADDRESS I	•				
STREET ADDRESS	N. S.		6.4 CITY	1					
CITY-ST-ZIP	certify that the information supplied with	this films does not exclife f			n Section 119 07(3\(i) Florida Statute	s. I further certi	fv that the in	nformation	
14. I hereby	certify that the information supplied with	this tiling does not quality to	or the exemp	ALON SIGIRU	in Section 119.07(5)(i), Florida Statute.	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, with all other like empowered.