


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE * Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005060 (6)
 1. Corporation Name
LIBERTY SYSTEMS, INC.



Principal Place of Business 1442 BRENNER AVE ROSEVILLE MN 55113	Mailing Address 1442 BRENNER AVE ROSEVILLE MN 55113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 906 North Pine Hills Rd	26 906 North Pine Hills Rd			10/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				41-1783839	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Orlando, FL		Orlando, FL		\$8.75 Additional Fee Required	
23 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
32808		32808		\$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current-year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
USA		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIRUZZA, EDMOND 8449 ISLAND PALM CIRCLE ORLANDO FL 32835				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: *Edmund Diruzza* **Edmund Diruzza, President** **4/3/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPST	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DAVIES, ED		12 NAME				
STREET ADDRESS	1442 BRENNER AVE		13 STREET ADDRESS	906 N. Pine Hills Rd.			
CITY-ST-ZIP	ROSEVILLE MN 55113		14 CITY-ST-ZIP	Orlando, FL 32808			
TITLE	VCV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DIRUZZA, EDMOND		2.2 NAME				
STREET ADDRESS	48 N. KIRKMAN, SUITE 2		2.3 STREET ADDRESS	906 N. Pine Hills Rd.			
CITY-ST-ZIP	ORLANDO FL 32811		2.4 CITY-ST-ZIP	Orlando, FL 32808			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *Edmund Diruzza* **Edmund Diruzza, President** **4/3/98**
407-297-9668

CR2E034 (10/97)