

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90087 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J21705**

1. Corporation Name  
**AMPROS TROPHY KINGS, FLA., INC.**



Principal Place of Business 3005 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	Mailing Address 3005 W. BROWARD BLVD. FT. LAUDERDALE FL 33312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1986</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2714141</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIEBMAN, WILLIAM**  
 3005 W. BROWARD BLVD.  
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name **Liebman, Scott**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3005 W. Broward Blvd.**  
 83  
 84 City **Ft. Lauderdale** FL 85 Zip Code **33312**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LIEBMAN, WILLIAM	
STREET ADDRESS	3005 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LIEBMAN, SCOTT	
STREET ADDRESS	3005 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALUS, EDWARD	
STREET ADDRESS	3005 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LIEBMAN, NANCY A.	
STREET ADDRESS	3005 W. BROWARD BLVD.	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Liebman, Scott	
2.3 STREET ADDRESS	3005 W. Broward Blvd.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL.	
3.1 TITLE	VP / SOC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Salus, Edward	
3.3 STREET ADDRESS	3005 W. Broward Blvd.	
3.4 CITY-ST-ZIP	Ft. Lauderdale FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Liebman, Nichole	
4.3 STREET ADDRESS	3005 W. Broward Blvd.	
4.4 CITY-ST-ZIP	Ft. Lauderdale FL	
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, with all other like empowered.

SIGNATURE: *Scott Liebman* **Scott Liebman, Pres** Date \_\_\_\_\_ Daytime Phone # **954-791-4020**

CR2E034 (11/98)