FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000005206 (5)

CANON H. BAXTER LIEBLER FOUNDATION, INC.

Discouling the second of the s											
Principal Place of Business Mailing Address											
6510 S.W. 93 AVENUE				6510 S.W. 93 AVENUE					3. Date Incorporated or Qualified		
MIAMI FL 33173				MIAMI FL 33173					10/10/1996		
						4. FEI Number Applied For					
									31-1542730 Not Applicable		
2- Principal P	lace of Busin	ess	\vdash	2a. Mailing Address					5. Certificate of Status Desired S8.75 Additional Fee Regulred		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be		
22				27					Trust Fund Contribution Added to Fees		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?		
23			28						☐ Yes 🔀 No		
Zip	Country					Country	ountry		8. This corporation owes or has paid the current year Intangible		
		25	29 30					Personal Property Tax due June 30. Yes X No			
	9. Name	and Address of Current	Registe	Registered Agent				Name	10. Name and Address of New Registered Agent		
						81		Ivanie			
MILIAN, DAVID P ESQ. 2800 FIRST UNION FINANCIAL CENTER							1	Street Ad	Address (P.O. Box Number is Not Acceptable)		
200 S. BISCAYNE BLVD.							Γ				
MIAMI FL 33131-2335							 -	City	85 Zip Code		
						84		-	FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
	m familiar wit	h, and accept the obligat	tions of,	Section 617.0503, F	Florida	Statutes	s.		•		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)								sionature re	actired when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13.								<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			☐ DELETE		1.1 TITLE			Change Addition		
NAME	LIEBLER, ROBERT F					1.2 NAME					
STREET ADDRESS	6510 S.W		1.3 ST		1.3 STREET	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33173					1.4 CITY-ST-ZIP					
TITLE	VSD ☐ DELETE					2.1 TITLE			Change Addition		
NAME	LIEBLER, JANICE R					2.2 NAME					
STREET ADORESS	6510 S.W		2.3 5			AĘ,	DDRESS				
CITY-ST-ZIP	MIAMI FL	33173					2. 4 CITY-ST-ZIP		7		
TITLE	D DELETE					3.1 TITLE			Change Addition		
NAME	THICK IN THE T					3.2 NAME					
STREET ADDRESS 200 S. BISCAYNE BLVD., #2800								DDRESS			
CITY-ST-ZIP	MIAMI FL 33131-2335					3.4. CITY-ST-ZIP			Change Addition		
TITLE	_					4.1 TITLE			Liebler Mutthew B Change Addition 7813 Spindletop place Apt 501		
NAME	LIEBLER, MATTHEW B					4. 2 NAME 7			7813 Spindletop place, Apt 501		
STREET ADDRESS	1011 11121121121121121121					11-1-6			charlofte, NC 282 77		
CITY-ST-ZIP						4.4 CITY-S 5.1 TITLE	57-	ZIP -	Change Addition		
TITLE						5.2 NAME					
NAME								DODECC			
STREET ADDRESS	3113 311 13 31					5.3 STREET					
CITY-ST-ZIP TITLE	net and					5.4 CITY-S 6.1 TITLE) I	ZIF	Change Addition		
NAME						6.2 NAME					
STREET ADDRESS	BODE, MARTHA NOORESS 3425 NW 3RD ST					6.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL					6.4 CITY - S					
14. Thereby C	certify that the	information supplied wit	h this fili	ing does not qualify	for the	exemp	tic	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
Indicated	on this annua	al report or supplemental	annual I	report is true and ac ustee empowered to	ccurate	and the	at re:	my signa	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 617. Florida Statutes; and that my name appears in		
14. Thereby 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 inclicated on this annual report or supplemental annual seport 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 of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.											

SIGNATURE:

January 3 1988

FILED

Jan 20 1998 8:00am

Secretary of State