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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000039329 (6) DOCUMENT #

LIBERTY LIGHT, INC. Principal Place of Business Mailing Address 4100 N. POWERLINE RD. 4100 NORTH POWERLINE RD SUITE H-5 DO NOT WRITE IN THIS SPACE POMPANO FL 33073 POMPANO FL 33073 3. Date Incorporated or Qualified 06/03/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0472600 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Cily & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 9 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FABIAN, RONALD M JAKE GERSOWSKY 4100 N. POWERLINE RD. SUITE H-5 Street Address (P.O. Box Number is Not Acceptable)
4100 N, POWERLING RD 82 POMPANO BEACH FL 33073 83 SUITE H.5 MOMPANO BEACH Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607,0505, Florida Statutes. 11. Pursuant to the provision office or registered ago agent. I am familiar will CONTROLLER 3/4/98 Jake Gersowsky SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DEFELLE Change Addition TITLE 1.1 TITLE SECRETARY JAKE GERSOWSKY FABIAN, RONALD M 1.2 NAME 4100 N. POWERLINE RO # H-5 872 E OAKLAND PARK BLVD 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 1.4 CITY-ST-ZIP POMPANO BEACH, FL 33073 CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DETETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP TITLE DELE 16 6 1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

uplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information promorphic file and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a faltachment with an address. Thereby certify that the information indicated on this annual report or a officer or director of the corporation Block 12 or Block 13 if changes.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JAKE GERSOWSKY

3/4/98

(954) 984-9136

FILED

Mar 10 1998 8:00am

Secretary of State