

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90030 040 ***150.00

01/36/24

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000090472

1. Corporation Name
LIBBY INC.



Principal Place of Business
 3801 S OCEAN DRIVE
 #14R
 HOLLYWOOD FL 33019

Mailing Address
 3801 S OCEAN DRIVE
 #14R
 HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **9809 NW 80th AVE**

2a. Mailing Address

26 **P.O. BOX 22983**

22 Suite, Apt. #, etc.
9E

27 Suite, Apt. #, etc.

23 City & State
HALEAH GARDENS FL

28 City & State
HOLLYWOOD FL

24 Zip **33016** 25 Country **USA**

29 Zip **33022-1983** 30 Country **USA**

3. Date Incorporated or Qualified
10/21/1997

4. FEI Number
65-0788582

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BARRIOS, LUIS
 3801 S OCEAN DRIVE
 #14R
 HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name **LUIS BARRIOS**
 82 Street Address (P.O. Box Number is Not Acceptable)
3801 S. OCEAN DRIVE
 83 **14R**
 84 City **HOLLYWOOD** FL 85 Zip Code **33019**

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 **LUIS BARRIOS** **PRESIDENT.** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	BARRIOS, LUIS	3801 S OCEAN DR, #14R	HOLLYWOOD FL 33019	<input type="checkbox"/>
VD	TUCKER, LISA	3801 S OCEAN DR, #14R	HOLLYWOOD FL 33019	<input type="checkbox"/>
STD	BARRIOS, MARIA	3801 S OCEAN DR, #14R	HOLLYWOOD FL 33019	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** **122-99 3058234911**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)