

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

**FILED**  
**Jun 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthagen**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000109109 (3)**  
 1. Corporation Name  
**LIBERATOR CORP.**

Principal Place of Business: **7801 SE 58TH AVENUE, Ocala FL 34480**  
 Mailing Address: **P.O. BOX 1476, Ocala FL 34478-1476**



DO NOT WRITE IN THIS SPACE

|                                |  |                         |  |   |  |
|--------------------------------|--|-------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                      |  | 12/31/1997  |  |
| 22. Suite, Apt. #, etc.        |  | 27. Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 23. City & State               |  | 28. City & State        |  | 59-3485273  |  |
| 24. Zip                        |  | 29. Zip                 |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  |
| 25. Country                    |  | 30. Country             |  | 8.75 Additional Fee Required  |  |
|                                |  |                         |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  |
|                                |  |                         |  | 5.00 May Be Added to Fees   |  |
|                                |  |                         |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**LEEWARD, DIRK J**  
**7801 SE 58TH AVENUE**  
**OCALA FL 34480**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 607.0802 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| 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 checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>DIRK J. LEEWARD</b>   |
| 1.3 STREET ADDRESS | <b>7801 SE 58TH AVE</b>  |
| 1.4 CITY-ST-ZIP    | <b>OCALA FL 34480</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>JAMES K. LEEWARD</b>  |
| 2.3 STREET ADDRESS | <b>1930 CLATTE BRIDGE RD.</b>  |
| 2.4 CITY-ST-ZIP    | <b>OCALA FL 34471</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 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           | <b>500002570185</b>  |
| 6.3 STREET ADDRESS | <b>06/24/98 01005-040</b>  |
| 6.4 CITY-ST-ZIP    | <b>150.00</b>  |

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 treasurer or a justice 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.

CR2E034 (10/97)

*Handwritten initials and date: J/L 6/23*