

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90110 032 ***150.00

DOCUMENT # P98000011408

1. Corporation Name **Mark A. LIEBMAN, CPA, PA** ✓

Principal Place of Business

Mailing Address

16211 NE 18 Avenue
N Miami Bch, FL.

SAME

33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Feb, 1998

4. FEI Number

65-0442319

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

2. Principal Place of Business

21 16211 NE 18 Avenue

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 N Miami Beach, FL

27 City & State

28

24 Zip Country

33162 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

Mark A. LIEBMAN CPA PA
16211 NE 18 Avenue
N Miami Beach, FL
33162

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Mark A. LIEBMAN President 16211 NE 18 Avenue N Miami Bch, FL 33162 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Mark A LIEBMAN President 16211 NE 18 Avenue N Miami Bch, FL 33162 ☐ Change ☐ Addition

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. LIEBMAN

Date

Daytime Phone #

4-15-99

(305) 945-4151

CR2E034 (11/98)