## 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

## DOCUMENT # P98000080266

LIBERATOR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8978 TAFT STREET PEMBROKE PINES FL 33024	8978 TAFT STREET PEMBROKE PINES FL 33024

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90101 045 \*\*\*150.00



Principal Place	of Business	Mailing Address				- I (BENIARN) IIA IAIA IAIK BARI AANI	<b>80</b>      80   <b> </b>     1	YN MONE HOLD I	YEAR MIST SMAT
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	EMBROKE PINES FL 33024 PEMBROKE PINES FL 33024		DO NOT WRITE IN THIS SPACE						
						Date Incorporated or Qualifed		31 7.GE	
						09/16/1998			
2 Bringing D	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For
	lace of business	26				65-0864335			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				00 00-		\$8.75 A	dditional
22	, 5.5.	27				5. Certificate of Status Desired	<u> </u>	Fee Rec	uired
City & State	e	City & State	· un			6. Election Campaign Financing		\$5.00	vlay Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.			No.
	9. Name and Address of Curren	t Registered Agent		04	No.	10. Name and Address of New Re	gistered A	.gent	
440				81	Name				
	HAELS, BRUCE TAFT STREET			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	BROKE PINES FL 33024								
PEM	BRUKE PINES FL 33024			83					
				84	City		E I	85 Zip C	ode
			* - 4 - 4			ration submits this statement for the p	urnose of c	hanging its (	registered
-60	calatored econt or both in the State	AT FIANCE SUCH CHANGE W	as authorized	ועמו	ine comonauor	n's board of directors. I hereby accept	the appoin	lment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505.	, Florida Stati	utes.	•				
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable	NOTE: Registered	i Agent	t signature required	when reinstating)	DATE		]
12.		D DIRECTORS	13.	1 Agoin	t agnoto o roquilad	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETI	E 1.1 TI	TLE	<u>"</u>			Change	☐ Addition
NAME	MICHAELS, BRUCE		1.2 N	AME					Ì
STREET ADDRESS	8978 TAFT STREET	•	1.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33024				į.				
TITLE			1.4 CI	ITY-ST	r-ZIP				
NAME		☐ DELETI			r-ZIP		· ·	Change	Addition
		☐ DELETI		TLE	r-ZIP		• •	Change	Addition
STREET ADDRESS	•	☐ DELETI	E 2.1 TT	TLE AME	ADDRESS		···	☐ Change	Addition
STREET ADDRESS		☐ DELETI	E 2.1 TT 2.2 N/ 2.3 ST	TLE AME	ADDRESS		····		
		☐ DELETI	E 2.1 T/ 2.2 N/ 2.3 ST 7.4 C	TLE AME TREET	ADDRESS			☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP			E 2.1 TI 2.2 NA 2.3 ST 2.4 C E 3.1 TI 3.2 NA	TLE AME TREET TTY-ST	ADDRESS				
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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 is supplemental annual report is true-aid 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 coastation or the receiver of 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 change), or on an attachment with an address, with all other like empowered.

SIGNATUR