

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 486336 (1)

1. Corporation Name

LIBRA ENTERPRISES, INC.

Principal Place of Business

15223 NW 33RD PLACE  
MIAMI FL 33054

Mailing Address

15223 NW 33RD PLACE  
MIAMI FL 33054



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOYNTON, H. CLAUDE  
12696 NW 11TH CT  
SUNRISE FL 33323

3. Date Incorporated or Qualified  
10/09/1975

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-1629783

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE  
NAME

VDT  
BOYNTON, H. CLAUDE  
1831 EASTLAKE WAY  
FT. LAUDERDALE FL

12.2 STREET ADDRESS  
CITY-STATE-ZIP

12.3 TITLE  
NAME

PDS  
BOYNTON, SCOTT M.  
15223 NW 33RD PLACE  
MIAMI FL

12.4 STREET ADDRESS  
CITY-STATE-ZIP

12.5 TITLE  
NAME

12.6 STREET ADDRESS  
CITY-STATE-ZIP

12.7 TITLE  
NAME

12.8 STREET ADDRESS  
CITY-STATE-ZIP

12.9 TITLE  
NAME

12.10 STREET ADDRESS  
CITY-STATE-ZIP

12.11 TITLE  
NAME

12.12 STREET ADDRESS  
CITY-STATE-ZIP

12.13 TITLE  
NAME

12.14 STREET ADDRESS  
CITY-STATE-ZIP

12.15 TITLE  
NAME

12.16 STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Scott M. Boynton

1-29-96

Date

305-681-1817

Daytime Phone #

CR2E034 (12/95)