

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 828504

(1)

1. Corporation Name  
 LIEBERMAN COMPANIES, INC.



Principal Place of Business

9549 PENN AVE. SOUTH  
 MINNEAPOLIS MN 55431

Mailing Address

9549 PENN AVE. SOUTH  
 MINNEAPOLIS MN 55431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1972

4. FEI Number

41-0905764

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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

TITLE PD  
 NAME LIEBERMAN, STEPHEN E  
 STREET ADDRESS 9549 PENN AVE. S.  
 CITY-ST-ZIP MINNEAPOLIS MN

TITLE TD  
 NAME OKINOW, HAROLD  
 STREET ADDRESS 9549 PENN AVE. S.  
 CITY-ST-ZIP MINNEAPOLIS MN

TITLE SD  
 NAME LIEBERMAN, DAVID  
 STREET ADDRESS 9549 PENN AVE. S.  
 CITY-ST-ZIP MINNEAPOLIS MN

TITLE V  
 NAME LIEBERMAN, HAROLD  
 STREET ADDRESS 9549 PENN AVE. S.  
 CITY-ST-ZIP MINNEAPOLIS MN

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE SD  
 2.2 NAME Harold Okinow  
 2.3 STREET ADDRESS 9549 Penn Avenue South  
 2.4 CITY-ST-ZIP Minneapolis, Mn 55431

3.1 TITLE Finance/Treasurer  
 3.2 NAME Sanford J. Goldberg  
 3.3 STREET ADDRESS 9549 Penn Avenue South  
 3.4 CITY-ST-ZIP Minneapolis, Mn 55431

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE Director  
 5.2 NAME Harold N. Lieberman  
 5.3 STREET ADDRESS 9549 Penn Avenue South  
 5.4 CITY-ST-ZIP Minneapolis, MN 55431

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Handwritten signature*

7/16/98

41-828504-1

CR2E034 (5/98)