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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000005975 (6)

1. Corporation Name

LIBERTY BELL LEASING COMPANY



Principal Place of Business

4201 WESTOWN PKWY., #122  
WEST DES MOINES IA 50266-6734

Mailing Address

4201 WESTOWN PKWY., #122  
WEST DES MOINES IA 50266-6720

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

02/13/1996

4. FEI Number

42-1404846

☒ 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

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

C T CORPORATION SYSTEM  
1200 SOUTH 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	<input type="checkbox"/> DELETE
NAME	CRAWFORD, WILLIAM	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY - ST - ZIP	WEST DES MOINES IA 50266-6734	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LYON, DAVID	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY - ST - ZIP	WEST DES MOINES IA 50266-6734	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	OLSON, RUSS	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY - ST - ZIP	WEST DES MOINES IA 50266-6734	
TITLE	MGR	<input type="checkbox"/> DELETE
NAME	CADE, ARDI	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY - ST - ZIP	WEST DES MOINES IA 50266-6734	
TITLE	CONT	<input type="checkbox"/> DELETE
NAME	MOEN, PAUL	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY - ST - ZIP	WEST DES MOINES IA 50266-6734	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Paul Moen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

Daytime Phone #

CR2E034 (9/96)