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

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FILED **PROFIT** Mar 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G75786 (5)LIBERT CORPORATION Principal Place of Business Mailing Address P.O. BOX 617 P.O. BOX 617 JENSEN BEACH FL 34958-0617 JENSEN BEACH FL 34958-0617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2374187 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zici Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 L Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** MCROBERTS, ROBERT F., JR. Name 4094 NW CINNAMON CIRCLE R2 Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 83 City Zip Code 85 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 accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE lyped or printed nation of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition MCROBERTS, ROBERT F., JR NAME 1.2 NAME 4094 NW CINNAMON CIRCLE STREET ADORESS 1.3 STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE MCROBERTS, LISA NAME 22 NAME 4094 NW CINNAMON CIRCLE STREET ADDRESS 2 3 STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TIFLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CiTY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME **5.2 NAME** STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 in the receiver of the recei

ROBERT F. MCROBERTS, JR., PRES 1/25/98 (561) 692-1180