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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** J09596

1. Corporation Name

Principal Place of Business
24761 US 19 NORTH SUITE 620 CLEARWATER FL 34623
SUITE 620
CLEARWATER FL 34623

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90029 035 ***150.00

	LIEBLING, P.A.									
Principal Place	of Business	Mailing Address			_	- 1 1801140 0131 08110 10104 01418 40				
24761 US 19 N		24761 US 19 NORTH				\				
SUITE 620	OHIH	SUITE 620								
CLEARWATER FL 34623 CLEARWATER FL 34623						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						04/14/1986				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applie	d For
21		26				<u>59-2653686</u>				pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Addi	
22		27				3. 3. 3. 3. 3. 3. 3. 3.			Requi	
City & State	e	City & State				6. Election Campaign Financing			00 ма	
23		28				Trust Fund Contribution			led to F	ees
Zip	Country	Zip	Coun	itry		8. This corporation owes the curr	rent year Inte			أ
24 337			30		-,	Personal Property Tax.	01-4 o el 1	☐ Yes		No
	9. Name and Address of Curren	t Registered Agent		81 N	lame	10. Name and Address of New I	Registered /	agent		
1 150	LING, ARTHUR		[" "	ianie					
	61 US 19 N., SUITE 620		1	82 S	Street Addre	ss (P.O. Box Number is Not Accept	able)			
	ARWATER FL 34623		ļ.	-						
	ARWATER FE 34023			83					_	1
			1	84 C	City	<u> </u>		85	Zip Cod	ie
							<u> </u>	لللب		
Office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State	of Florida. Suich change was au	thorized i	by the	amed corpo	ration submits this statement for the n's board of directors. I hereby acce	purpose of the purpoir	changing itment a	g its reg s regist	jistered ered
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agent. I ai	ili lamiliai willi, alla accopt liio obliga	ions of, Section 607,0303, Fion	ua Statut	tes.						
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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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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