

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K54677**

(5)

1. Corporation Name

LIBERTY FINANCIAL GROUP, INC.



Principal Place of Business

% RICHARD C. RAFFA
17 S. OSCEOLA AVE. SUITE 100
ORLANDO FL 32801-2814

Mailing Address

% RICHARD C. RAFFA
17 S. OSCEOLA AVE. SUITE 100
ORLANDO FL 32801-2814

3. Date Incorporated or Qualified
12/15/1988

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

10. Name and Address of New Registered Agent

RAFFA, RICHARD C.
17 S. OSCEOLA AVE.
SUITE 100
ORLANDO FL 32803

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 607.0532 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 607.0508, Florida Statutes.

SIGNATURE

Signature of the person submitting this report (if not the registered agent)

Signature of the Registered Agent (if not the person submitting this report)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY, ST, ZIP	1.4 CITY, ST, ZIP
5. TITLE	2.1 TITLE ☐ Change ☐ Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY, ST, ZIP	2.4 CITY, ST, ZIP
9. TITLE	3.1 TITLE ☐ Change ☐ Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY, ST, ZIP	3.4 CITY, ST, ZIP
13. TITLE	4.1 TITLE ☐ Change ☐ Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY, ST, ZIP	4.4 CITY, ST, ZIP
17. TITLE	5.1 TITLE ☐ Change ☐ Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY, ST, ZIP	5.4 CITY, ST, ZIP
21. TITLE	6.1 TITLE ☐ Change ☐ Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY, ST, ZIP	6.4 CITY, ST, ZIP

P
RAFFA, RICHARD C.
1250 HOWELL BRANCH
WINTER PARK FL

D
RAFFA, FREDERICK A.
45 EASTWIND LANE
MAITLAND FL

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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Raffa

2/16/96

407/839-3413

CR2E034 (12/95)