

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


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Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90018 007 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K54677</b>					
1. Corporation Name <b>LIBERTY FINANCIAL GROUP, INC.</b>					
Principal Place of Business <b>% RICHARD C. RAFFA 17 S. OSCEOLA AVE. SUITE 100 ORLANDO FL 32801-2814</b>			Mailing Address <b>% RICHARD C. RAFFA 17 S. OSCEOLA AVE. SUITE 100 ORLANDO FL 32801-2814</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/15/1988</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2929913</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>RAFFA, RICHARD C. 17 S. OSCEOLA AVE. SUITE 100 ORLANDO FL 32803</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>12. OFFICERS AND DIRECTORS</b>					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>RAFFA, RICHARD C.</b>					
1.3 STREET ADDRESS <b>1250 HOWELL BRANCH</b>					
1.4 CITY-ST-ZIP <b>WINTER PARK FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>RAFFA, FREDERICK A.</b>					
2.3 STREET ADDRESS <b>45 EASTWIND LANE</b>					
2.4 CITY-ST-ZIP <b>MAITLAND FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 407/839-3413  
Date Daytime Phone #

CR2E034 (11/98)