

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L94305** (4)  
1. Corporation Name  
**THREE GENERATIONS, INC.**



Principal Place of Business <b>912 HIALEAH ST ROCKLEDGE FL 32955</b>	Mailing Address <b>912 HIALEAH ST ROCKLEDGE FL 32955</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3614 E. MALORY CRT.</b> Suite, Apt. #, etc. 22 City & State 23 <b>COCOA, FLA.</b> Zip 24 <b>32926</b>		2a. Mailing Address 26 <b>P.O. Box 540896</b> Suite, Apt. #, etc. 27 City & State 28 <b>Merritt Island, FLA.</b> Zip 29 <b>32954</b>		3. Date Incorporated or Qualified <b>08/07/1990</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		4. FEI Number <b>59-3026579</b>	
25 <b>Broward</b>		30 <b>Broward</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBERMAN, RONALD  
912 HIALEAH STREET  
ROCKLEDGE FL 32955**

81 Name <b>RONALD LIEBERMAN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3614 E. Malory CRT</b>
83
84 City <b>COCOA, Fla.</b> FL 85 Zip Code <b>32926</b>

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]*

DATE **4-27-98**

(Signature, type, or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>912 HIALEAH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, HELENA</b>	2.2 NAME	
STREET ADDRESS	<b>912 HIALEAH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, COLIN</b>	3.2 NAME	
STREET ADDRESS	<b>912 HIALEAH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]*

4-27-98

467-984-0841

CR2E034 (10/97)