

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L94676 (8)

95 JAN 13 AM 9:27

1. Corporation Name
LIEBMAN MARKETING CORPORATION

Principal Place of Business

**7705 NW 73 TERR
TAMARAC FL 33321**

Mailing Address

**7705 NW 73 TERR
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/21/1990

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0212336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

**6. Election Campaign Financing
Trust Fund Contribution**

☐

\$5.00 May Be

Added to Fees

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBMAN, ROBERT
7705 NW 73 TERR
TAMARAC FL 33321**

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 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 of officer or director of the corporation or the registered agent)

(Signature of the person who prepared this report or the registered agent)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

**D
LIEBMAN, ROBERT
7705 NW 73 TERR
TAMARAC FL**

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY, ST, ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change

☐ Addition

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

☐ Change

☐ Addition

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

☐ Change

☐ Addition

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY, ST, ZIP

☐ Change

☐ Addition

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY, ST, ZIP

☐ Change

☐ Addition

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY, ST, ZIP

☐ Change

☐ Addition

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY, ST, ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(1)(b), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Liebman

1/7/95

305-721-8430