

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 1:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L98395 (1)

**1. Corporation Name
LIOBUSTER, INC.**

Principal Place of Business

**19527 BAY VIEW ROAD
BOCA RATON FL 33434**

Mailing Address

**19527 BAY VIEW ROAD
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1990

3a. Date of Last Report

06/17/1994

4. FEI Number

65-6218427

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MERLES, ELAINE B.
19527 BAY VIEW ROAD
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MERLES, ROBIN L

STREET ADDRESS

5521 CROYDON CT

CITY - ST - ZIP

BOCA RATON FL

TITLE

VPD

NAME

MERLES, ELLIOTT W

STREET ADDRESS

161 SW 6TH TERR

CITY - ST - ZIP

BOCA RATON FL

TITLE

T

NAME

MERLES, WALLACE R

STREET ADDRESS

19527 BAY VIEW RD

CITY - ST - ZIP

BOCA RATON FL

TITLE

VD

NAME

MERLES, DAVID J

STREET ADDRESS

161 SW 6TH TERR

CITY - ST - ZIP

BOCA RATON FL

TITLE

SD

NAME

MERLES, ELAINE B

STREET ADDRESS

19527 BAY VIEW RD

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

Elaine B Merles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

Date

907 483 9178

Officer's Phone #