

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M66223 (2)

1. Corporation Name

LIAN SERVICES, INC.



Principal Place of Business

Mailing Address

C/O CAREFREE FOOD ENTERPRISES, INC.  
STE 110  
DAYTONA BCH FL 32117  
US

1901 MASON AVE.  
STE. 110  
DAYTONA BCH FL 32117  
US

3. Date Incorporated or Qualified

01/28/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 555 West Granada Blvd

26 555 West Granada Blvd

4. FEI Number

59-2880670

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-3

27 B-3

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Ormond Bch FL

28 Ormond Bch FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32174

25 Volusia

29 32174

30 Volusia

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

CARREY, HOWARD  
1901 MASON AVE  
110  
DAYTONA BCH FL 32117

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 555 West Granada Blvd B-3

84

City

Ormond Bch

FL

85 Zip Code

32174

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 date of signature

DATE Registered Agent signature required when amending

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DP  
CARREY, HOWARD  
1901 MASON AVE. STE 110  
DAYTONA BCH FL

☐ DELETE

DST  
FREIDUS, JR., ELIAS  
1901 MASON AVE #110  
DAYTONA BCH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 555 West Granada Blvd B-3  
14 CITY - ST - ZIP Ormond Bch FL 32174

2.1 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 555 West Granada Blvd B-3  
24 CITY - ST - ZIP Ormond Bch FL 32174

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

904-673-4711

Display Phone #

CR2E034 (12/95)