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FILED
Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45187** (4)
1. Corporation Name
LIBERTY SINGERS, INC.

Principal Place of Business 1801 W. MARION AVENUE SUITE 106 PUNTA GORDA FL 33950 US	Mailing Address LANG. WRETHA 38492 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982 US
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3. Date Incorporated or Qualified

09/18/1991

4. FEI Number

65-0362932

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANG, WRETHA
38492 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982**

81 Name

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

83

84 City

FL

85 Zip Code

I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAEL, MARGARET	
STREET ADDRESS	23094 WOTH AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAEL, JEFFREY	
STREET ADDRESS	23094 WORTH AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GOFF, DONNA	
STREET ADDRESS	POST OFFICE BOX 1235	
CITY-ST-ZIP	PUNTA GORDA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAZELDINE, MICHAEL D.	
STREET ADDRESS	20456 VANGUARD TER.	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TEZA, JEANETTE M	
STREET ADDRESS	1181 DEWHURST STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BRADBURN, JAMES	
STREET ADDRESS	1355 NAVIGATOR ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (10/97)