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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40674

(4)

1. Corporation Name
LIBERTY CAPITAL PARTNERS, INC.

Principal Place of Business
1177 AVENUE OF THE AMERICAS
34TH FLOOR
NEW YORK NY 10036

Mailing Address
1177 AVENUE OF THE AMERICAS
34TH FLOOR
NEW YORK NY 10036-2714

3. Date Incorporated or Qualified 09/28/1992	3a. Date of Last Report 03/28/1996
4. FEI Number 52-1788692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MORA, ABRAHAM M.
% BLANK, ROME, COMISKY & MCCAULEY
1401 FORUM WAY
WEST PALM BEACH FL 33401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2425 KNECHT'S BRIDGE ROAD	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	RIEGELSVILLE PA	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	2425 KNECHT'S BRIDGE ROAD	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	RIEGELSVILLE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	P. O. BOX 148 N/A	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	REDDING CT	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	511 RIDGEWOOD AVE	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	GLEN RIDGE NJ	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	NAME		
STREET ADDRESS	30 GLENBROOK ROAD		
CITY-ST-ZIP	STAMFORD CT		
TITLE	NAME		
STREET ADDRESS			
CITY-ST-ZIP			

14. I do 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 for or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006238

CR2E034 (9/96)