

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90052 035 ***150.00

DOCUMENT # **P40674**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

4. FEI Number

52-1788692

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
BENNETT, PETER E.
2425 KNECHT'S BRIDGE ROAD
RIEGELSVILLE PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENNETT, PETER E.
2425 KNECHT'S BRIDGE ROAD
RIEGELSVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KLUGER, MICHAEL
P. O. BOX 148 N/A
REDDING CT**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
RING, CARL
511 RIDGEWOOD AVE
GLEN RIDGE NJ**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HUSTON, PAUL
30 GLENBROOK ROAD
STAMFORD CT**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

(212) 354-7671

Date

Daytime Phone #

CR2E034 (11/98)