| FILE NOW: FILING FEE AFTE PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEP Sandra Secre Division of | ARIMENT OF STATE B. Mortham tary of State F CORPORATIONS | FILED Apr 21 1997 8:00ar Secretary of State | | |
|--|--|---|--|---|---|---|
| Principal Place of Businet LIBERTY HOMES | Consulting, inc | O21369 (2) C. Mailing Address P O BOX 546 LEHIGH ACRES FL 33970 US | | | | |
| - | | | | 3. Date Incorporated or Qualified 03/17/1993 | 3a. Date of Last Re 04/15/1996 | eporl |
| 2. Principal Place of Business 3 Sulte, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 4. FEI Number | Ap | plied For |
| | | | | Sectificate of Status Desired Section Secti | | ot Applicable Additional |
| City & State | | 27 City & State 28 | | 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | quired |
| | | | | | | |
| Zip | Country | Zip | Country | 8. This corporation has liability for i | intangible tax under s. Yes No | 199.032, |
| 4 9. Name | 25 e and Address of Curren | 29 t Registered Agent | 30 | Florida Statutes 10. Name and Address of New Re | | |
| 1 Pursuant to the provid | sions of Sections 607 050 | 2 and 607 1508 Florida Stat | 84 City | rnoration submits this statement for the n | FL | Code |
| SIGNATURE | | | tutes, the above-named cor s authorized by the corpora Florida Statutes. | rporation submits this statement for the p ation's board of directors. I hereby accep | FL burpose of changing its of the appointment as | |
| SIGNATURE SIgnature, type | sions of Sections 607.050. gent, or both, in the State with, and accept the obliga of or printed name of registered age OFFICERS ANI | nt and lete if applicable (N D DIRECTORS | tutes, the above-named cor s authorized by the corpora Florida Statulos. Ote Registered Agent signature reg. 13. | | DATE DATE DATE DATE | s registered registered IS IN 12 |
| SIGNATURE SIgnature, type 12. TITLE PSTD NAME PELZER, STREET ADDRESS 817 JEFF | Gerhard w GERHARD W FERSON AVE | nt and tele if applicable (N | tutes, the above-named cors s authorized by the corpora Florida Statulos. OTE Registered Agent sgriature req. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ured when reinstating) | FL | s registered registered |
| SIGNATURE SIgnaturo, type 12. TITLE PSTD PELZER, | Gerhard w GERHARD W FERSON AVE | nt and lete if applicable (N D DIRECTORS | tutes, the above-named cor s authorized by the corpora Florida Statules. OTE Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME | ured when reinstating) | DATE DATE DATE DATE | s registerec registered IS IN 12 |
| SIGNATURE Signaturo, type 12. PSTD PELZER, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH VAME | Gerhard w GERHARD W FERSON AVE | nt and the Papplicable (N D DIRECTORS | tutes, the above-named cors s authorized by the corpora Fioricla Statules. OTE Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | ured when reinstating) | PL purpose of changing its to the appointment as DATE CERS AND DIRECTOR Change | s registered registered IS IN 12 |
| SIGNATURE SIgnature, type 12. 142. 142. 144. 144. 144. 144. 144. 144. 144. 144. 144. 144. 144. 144. 144. | Gerhard w GERHARD W FERSON AVE | nt and tele IF applicable (N D DIRE CTORS DELETE DELETE DELETE | Utes, the above-named cor s authorized by the corpora Fioricla Statutes. OTE Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 GITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 GITY-ST-ZIP 3.1 TITLE 3.2 NAME | ured when reinstating) | FL | s registered registered IS IN 12 Additio |
| SIGNATURE Signature, type 12. Signature, type 12. PSTD PELZER, 817 JEFF LEHIGH STREET ADDRESS CITY-ST-ZIP IFILE VAME STREET ADDRESS CITY-ST-ZIP | Gerhard w GERHARD W FERSON AVE | IT and Inter # applicable (N D DIRECTORS DELETE DELETE DELETE DELETE | Utes, the above-named cors s authorized by the corpora Florida Statutes. OIE Registered Agent signature reg. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4.2 NAME | ured when reinstating) | FL | s registered registered IS IN 12 |