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

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P93000021369 (2)
1. Corporation Name
LIBERTY HOMES CONSULTING, INC.

Principal Place of Business	Mailing Address
410 LEE BLVD LEHIGH ACRES FL 33936 US	P O BOX 546 LEHIGH ACRES FL 33970 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *205 E Joel Blvd*	26 *Same*	65-0429279	Not Applicable
Suite, Apt. #, etc. 22 *Suite 300*	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 *Lehigh Acres, Fl*	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 *33972* 25 Country *Lee*	Zip 29 Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PELZER, GERHARD 410 LEE BLVD LEHIGH FL 33936	81 Name *Pelzer, Gerhard* 82 Street Address (P.O. Box Number is Not Acceptable) *205 E Joel Blvd* 83 *Suite 300* 84 City *Lehigh Acres* FL 85 Zip Code *33972*

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]*   DATE *4/27/98*
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when re-instating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	*[handwritten]*	☐ Change ☐ Addition
NAME	PELZER, GERHARD W		1.2 NAME		
STREET ADDRESS	817 JEFFERSON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: *[signature]*   *Gerhard Pelzer 4/27/98*   *941-368-2211*