CORPO	FIT	G FEE AFTER	FLORIDA DEP	ARTMENT OF STATE	]	May 07	TLEL 1998		00an
ANNUAL	REPORT Secretary of State			Secretary of State					
DOCUME 1. Corporation Nam		93000021	1369 (2	)					
Liberty Ho	omes consu	ilting, inc.							
Principal Place of B	usiness	Maile	ng Address			I HAAIIIMA IIA HAAAA AAAA AAAA	NA <b>LI</b> NA <b>Ha</b> ng m <b>a</b> na h		HT MAN HT
410 LEE BLVD LEHIGH ACRES FL US	33936		P O BOX 546 LEHIGH ACRES FL 33970 US			DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualif 03/17/1993	ied		
ADS 8	1 0 501	1 d 28. M			4.	FEI Number 65-0429279			oplied For
Suite, ApL 1, etc			iuite, Apt. #, etc.	, , <u>,,</u> ,,	5.	Certificate of Status Desired	ı 🗋	\$8.75	Additional equired
City State	- Qeres		City & State		- 6.	Election Campaign Financir Trust Fund Contribution		\$5.00	May Be to Fees
3397	25 Country		ιp	Country	8.	This corporation owes or ha Personal Property Tax due	s paid the currer	nt year In	
	Name and Addres	is of Current Register	red Agent		-	Name and Address of New			
	GERHARD			81 Name	letre	r, Gerhan	-d		
410 LEE LEHIGH	FL 33936			82 Street	Address (F	.O. Box Number is Not Acce	eptable)		
				83 J	<u> </u>	pu sua			
1	N			84 City	mi	<u>sec</u>		85 Zip	Code
	N						1 Sec. 1		
1. Pursuant to the	provisions of Sect	ons 607.0502 and 607.	1508. Florida Statu	Ites, the above-transe	high	in submits this statement for t	FL	3	3972
SIGNATURE						h submits this statement for t board of directors. I hereby a	FL	anging It atment as	s registered registered
SIGNATURE	re. Nysed or printed name	ons 607.0502 and 607. In the State of Florida. In the obligations of, S of regritered agent and tile if an FICERS AND DIRECTO	ppicable (NC	DTE Registered Agent signatur	e required when	reinstating)	the purpose of ch ccept/the appoin 4/27/9 DATE	8	
BIGNATURE Signalur 12. ITLE PS	ve. typed or printed name OF	of registered agent and tile if an FICERS AND DIRECTC	ppicable (NC		e required when		the purpose of ch ccept/the appoin 4/27/9 DATE	8	
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