

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002585 (5)
 1. Corporation Name
LIBERTY FINANCIAL ASSOCIATES, INC.

Principal Place of Business 150 E. PALMETTO PARK RD. BOCA RATON FL 33432	Mailing Address 150 E. PALMETTO PARK RD. BOCA RATON FL 33432-4827
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 03/20/1996
4. FEI Number 65-0457680	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAWRENCE, JEROME
 5550 WITNEY DRIVE #308
 SUITE 103
 DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent
 81 Name **KLEIN, WARREN**
 82 Street Address (P.O. Box Number is Not Acceptable)
5550 WITNEY DRIVE #308
 83
 84 City **DELRAY BEACH** FL 85 Zip Code **33484**

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: *Warren Klein* (NOTE: Registered Agent signature required when reinstating) DATE: **2/2/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	KLEIN, DAVID	
STREET ADDRESS	150 E. PALMETTO PARK RD. BOCA RATON FL 33432	
CITY - ST - ZIP		
TITLE	VTD	<input type="checkbox"/>
NAME	KLEIN, WARREN	
STREET ADDRESS	150 E. PALMETTO PARK RD.	
CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/>
NAME	WEINGART, JAY A.	
STREET ADDRESS	150 E. PALMETTO PARK RD.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/>
NAME	KLEIN, PHYLLIS	
STREET ADDRESS	150 EAST PALMETTO PARK RD. #101	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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, or on an attachment with an address.

SIGNATURE: *Warren Klein* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **2/22/97** Daytime Phone #: **1-561-393-6600**

CR2E034 (9/96)