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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000002585 (5)

LIBERTY FINANCIAL ASSOCIATES, INC.

FILED Mar 19 1998 8:00am Secretary of State



						<u> </u>			
Principal Place of Business Mailing Address									
	TTO PARK RD.	150 E. PALMETTO PARK RD.							
BOCA RATON FL 33432		BOCA RATON FL 33432				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
		•				01/03/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				65-0457680		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		[27]						equired	
City & State	ľ	City & State				6. Election Campaign Financing		May Be	
23		28	Cou	nle		Trust Fund Contribution		to Fees	
Zip	Country	Zip	30	ntry		 This corporation owes or has paid the current Personal Property Tax due June 30. 		itangible ☐ No	
24	9. Name and Address of Current R	29] egistered Agent	[30]			10. Name and Address of New Registered			
		ogiotoro rigoti		81	Name				
	IN, WARREN								
	0 WITNEY DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)			[
#30				83					
DEI	RAY BEACH FL 33484								
				84	City	FL	65 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statu	tes, the al	DOVE	-named co	rporation submits this statement for the purpose of	of changing	its registered	
office or r	egistered agent, or both, in the State of I	Florida, Such change was ris of Section 607 0505, F	authorize torida Stat	d by lutes	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap-	pointment as	s registered	
	The tartinal with a tart account the companie	THE OIL CHARGE POOR INCOME.			•				
SIGNATURE	Signature, typod or printed name of requiting agent as	od title if apple, able (NO	If Registere	d Ager	nt signature req	guired when reinstating) DATE			
12.	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TC	TLE			Change	☐ Addition	
NAME	KLEIN, DAVID		1.2 N/	AME					
STREET ADDRESS	150 E. PALMETTO PARK RD.				ADDRESS		٠.	1	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 0		T-ZIP		Change	Addition	
TITLE	VTD	☐ DELETE	2.1 Ti				change	L. Addition	
name :	KLEIN, WARREN		2.2 N/						
STREET ADDRESS	150 E. PALMETTO PARK RD.				ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432	▼ DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE		and the same of th	Change	Addition	
TITLE	VD	PA DECE IE					- Olivingo		
NAME	WEINGART, JAY A.		3.2 N/		ADDOCAS				
STREET ADDRESS	150 E. PALMETTO PARK RD.				ADDRESS		10.	i	
CITY - ST - ZIP	05,676			3.4. CITY - ST - ZIP 4.1 TITLE			Change	Addition	
TITLE	VD	_ built	4.2 N						
NAME	KLEIN, PHYLLIS	#101			ADDRESS			l	
STREET ADDRESS	150 EAST PALMETTO PARK RD.	. # IUI	1		j .				
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	4.4 C	ITY-S' Tif	1-ZIP		Change	Addition	
		- Detrit	5.2 N		ļ				
NAME					ADDRESS			ļ	
STREET ADDRESS								1	
CITY-ST-ZIP		DELETE	5.4 C	TIF	1 - ER*		Change	☐ Addition	
TITLE			6.2 N		. [
NAME					ADDDECC				
STREET ADDRESS					ADDRESS				
City-St-ZiP		AC 1 T T T T T T T T T T T T T T T T T T	64C	TY-S		in Contine 110 07/2VI) Florido Statutos I further o	netify that th	e information	

r nereby 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 informatic 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 constraint on 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.