## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

30

Secretary of State DIVISION OF CORPORATIONS

1996

P94000039642 (1)

**DOCUMENT #** Corporation Name

STEVE LIBMAN, INC.

Principal Place of Business

2. Principal Place of Business

LIBMAN, STEVE 2820 S EDGEHILL LN

COOPER CITY FL 33026

Suite, Apt. #, etc.

City & State

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12.

THUE

NAME

TITLE

NAME

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STREET ADDRESS

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STREET ADDRESS

City-St-7:P

CITY - ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Ζφ

Mailing Address

2a. Mailing Address

City & State

 $Z_{1D}$ 

Suite Apt. #, etc

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Country

9. Name and Address of Current Registered Agent

Signature: Specific portial name of registerest agont and the if applied

OFFICERS AND DIRECTORS

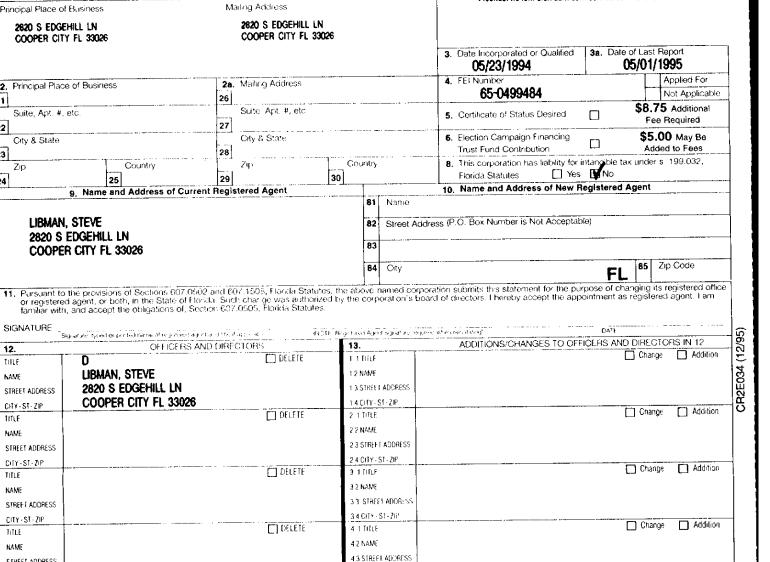
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LIBMAN, STEVE

2820 S EDGEHILL LN

COOPER CITY FL 33026

2820 S EDGEHILL LN COOPER CITY FL 33026 2820 S EDGEHILL LN COOPER CITY FL 33026



14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 early, 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.

44 CHY ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 City - ST - ZIP

5.4 CITY - \$1, 20F

5 1 To LE

5.2 NAME

6.1 1914

62 NAME

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR UNITED NAME OF SIGNING OFFICER OR DIRECTOR DAY.

Change

Change

☐ Addition

Add tion