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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400051355 (3)

LIBBOIL ENTERPRISES, INC.

	ENTERN MOLO, MO.							
Principal Place	of Business	Mailing Address	lailing Address			i rasirasi dia ibili bibli balli salli		
1855 GRIFFIN RD Suite B490 Dania Fl 33004		ELIZABETH DILLON 4517 SW 35 AVE. FT. LAUDERDALE FL 33312			T			
US						3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1994 06/20/1995		
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 65-0504664		Applied For
Suite, Apt. #	t etc	Suite Ant # etc	Suite, Apt. #, etc.			03-0304004	•	Not Applicable .75 Additional
22	, 010.	27	1			5. Certificate of Status Desired		ee Required
City & State		City & State	······································			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country		Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25]	29	L			Florida Statutes 🔀 Yes 🗋 No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
DILLON, ELIZABETH				81	Name	AL		
4517 SW	/ 35 AVE.			82	Street Addre	Iress (P.O. Box Number is Not Acceptable)		
FT. LAUG	DERDALE FL 33312			83				
				84	City		FI 85	Zip Code
or registere familiar with SIGNATURE	o the provisions of Sections 607,0502 go agent, or both, in the State of Floric h, and accept the obligations of, Section 1774 BETH Signalure, typed or profited name of rejustered agrics.	lu Such change was authorize on 607,0505, Florida Statutes Fill & W. PRES	ed by the d	corpe	amed corpora tration's board	alion submits this statement for the purp d of directors. Thereby accept the appo	pose of changing	its registered office ered agent I am
12.	OFFICERS AND	DIFFECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	-		117	1 1 TIFLE			☐ Cha	nge 🔲 Addition
NAME	DILLON, ELIZABETH		121	1.2 NAMÉ				
STREET ADDRESS	4517 SW 35 AVE.		1.3 STREET ADDRESS		1			
CITY -ST - ZIP				1Y - S1	· ZIP		[7] Cha	nge 🗍 Addition
TITLE NAME	MODIATANDA AMANG			2 1 T) L F 2 2 NAME			Ц спа	i fis
STREET ADDRESS	1450 RIVERLAND ROAD		2 3 STREFT		Anneses			Ì
City-St-ZiP	FT. LAUDERDALE FL 33312		2.4 G-TY - ST Z-F					
TITLE		DELETE	3 1 JIH				☐ Cha	nge 🔲 Addition
NAME			32 N					_
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			340	TY - S1	- ZiP			
TITLE		☐ DELETE	4 1 TITLE				☐ Cha	nge 🗌 Addition
NAME			4 2 N	AME				
STREET ADDRESS			435	TREET	ADEIRESS			
CITY - ST - ZIP		——————————————————————————————————————		ITY S	I - ZIP	***************************************		
TITLE				5 1 TITLE			☐ Cha	nge 🔲 Addition
NAME			5 2 N					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP	☐ DELETE			5.4 CITY - ST - ZIP 6.1 TITLE			——————————————————————————————————————	une Addison
TITLE		M DELETE	1				Cna	nge 🔲 Addition
NAME STOCET ADDRESS			62N		*DODGCC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP 14. I do hereby	L	with this filing is voluntarily furn		does		or the exemption stated in Section 119.	07(3)(k), Flor da S	tatutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily formished and does not qualify for the examption 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 oath, that I am an officer or director of the corporation or the receiver or trusted 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: X SIGNATURE: AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Director 119.07(3)(k), Florida Statutes I further carried in Section 119.07(3)(k), Florida Statutes