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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027253 (0)  LIBRA GLOBAL SERVICES CORP.						
Principal Place of Business Mailing Address						
1301 WEST N	iewport center dr.	1301 WEST N	EWPORT CI	ENTER DR.		
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/03/1995	
2. Principal Place of Business 2a. Mailing Address			dress	<del></del>	4. FEI Number Applied For	
21 26			# -10		65-0577564 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.		5. Certificate of Status Desired	
22					6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	7φ		Country	8. This corporation ower or has pain the current year Intangible Personal Property Lax out Turke 60.  Yes I No	
24	[25]	29		30		
	<ol><li>9. Name and Address of Curr KNIGHT, N. PHILLIP ,</li></ol>	ent Hegisteren Agen	<u> </u>	81 Name	10. Name and Address of New Registered Agent	
	to the provisions of Sections 607.0 ogistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Flo le of Florida. Such chi igations of, Section 60	orida Statute ange was a 17.0505, Flo	es, the above-named authorized by the corporida Stalutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	(NOII	Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	LJ	DELETE	1.1 TITLE	Change Addition	
NAME	VAN ARNEN, HAROLD L	ITED OD		1.2 NAME		
STREET ADDRESS	1301 WEST NEWPORT CEN			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 3344 PD		DELETE	14 CITY-ST-ZIP 21 TITLE	Change Addition	
NAME	MCKNIGHT, N. PHILLIP M	٥		2.2 NAME	the state of the s	
STREET ADDRESS	1301 WEST NEWPORT CEN	ITER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344			2. 4 CITY+ST-ZIP		
TITLE	T		DELETE	3.1 TITLE	Change Addition	
NAME	DECKER, JULIA M	·		32 NAME		
STREET ADDRESS	1301 WEST NEWPORT CEN			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 3344		DELETE	3.4. CITY-ST-ZIP	Change Addition	
NAME	SD ALLEN BETTY E	اليا	IVEL 16	4.1 TITLE 4. 2 NAME	CHRINGE   Mandion	
STREET ADDRESS	ALLEN, BETTY E 1301 WEST NEWPORT CEN	ITER DR		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344			4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE	Change Addition	
NAME				5.2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY-SI-ZIP				5.4 CITY - ST - ZIP		
TITLE			DELETE	6.1 TITLE	Change Addition	
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS	1	

14. Thereby 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 one of attriction and with an address.

SIGNATURE:

Apr 07 1998 8:00am Secretary of State