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AND  
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1996 MAY -1 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000027258 (9)

1. Corporation Name

LIBRA TECHNOLOGY SERVICES CORP.

Principal Place of Business

1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

Mailing Address

1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

4. FEI Number

65-0577562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MCKNIGHT, N. PHILIP  
1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CD

VAN ARNEN, HAROLD L  
1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

PD

MCKNIGHT, N. PHILLIP  
1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

T

DECKER, JULIA M  
1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

SD

ALLEN, BETTY E  
1301 WEST NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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 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:

Betty E Allen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty E. Allen, Secy

4/24/96

954-4191370

CR2E034 (12/95)