

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


0348

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90078 001 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000027258					
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		3. Date Incorporated or Qualified 04/03/1995	
21		26		4. FEI Number 65-0577562	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent MCKNIGHT, N. PHILIP 1301 WEST NEWPORT CENTER DR. DEERFIELD BEACH FL 33442		10. Name and Address of New Registered Agent	
		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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VAN ARNEN, HAROLD L		1.2 NAME	
1301 WEST NEWPORT CENTER DR.		1.3 STREET ADDRESS	
DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	
PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MCKNIGHT, N. PHILLIP		2.2 NAME	
1301 WEST NEWPORT CENTER DR.		2.3 STREET ADDRESS	
DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	
T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DECKER, JULIA M		3.2 NAME	
1301 WEST NEWPORT CENTER DR.		3.3 STREET ADDRESS	
DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	
SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ALLEN, BETTY E		4.2 NAME	
1301 WEST NEWPORT CENTER DR.		4.3 STREET ADDRESS	
DEERFIELD BEACH FL 33442		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)