

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031984 (4)

1. Corporation Name

LIBERTY RESEARCH, INC.



Principal Place of Business

320 83RD AVE.
ST. PETERSBURG BEACH FL 33706

Mailing Address

320 83RD AVE.
ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CARROLL, VICTORIA A
421 VIRGINIA AVE.
MADEIRA BEACH FL 33708

81 Name

SAME

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

53 BEECHWOOD DRIVE

83

84 City

ORLANDO-ON-THE-SEA

FL

85 Zip Code

32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Victoria Carroll

Signature of person submitting this report is not required without authority.

Signature of Registered Agent is not required without authority.

DATE

3/25/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BAUMAN, ROBERT E
STREET ADDRESS 320 83RD AVE.
CITY-STATE-ZIP ST. PETERSBURG BEACH FL 33706

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

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 additional page with an address.

SIGNATURE:

Robert E. Bauman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

8137
366-7957

CR2E034 (12/95)