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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000052856 (8)

1. Corporation Name

LIBERTY TITLE AGENCY, INC.



Principal Place of Business

4821 U.S. HIGHWAY 19, SUITE #4
NEW PORT RICHEY FL 34652

Mailing Address

4821 U.S. HIGHWAY 19, SUITE #4
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1995

4. FEI Number

59-36332336

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4821 U.S. Highway 19

Suite, Apt. #, etc.

22 Suite 3

City & State

23 New Port Richey, FL

Zip

24 34652

Country

25 USA

2a. Mailing Address

26 4821 U.S. Highway 19

Suite, Apt. #, etc.

27 Suite 3

City & State

28 New Port Richey, FL

Zip

29 34652

Country

30 USA

9. Name and Address of Current Registered Agent

KALOGIANIS, CONSTANTINE
4821 U.S. HIGHWAY 19, SUITE #4
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

Constantine Kalogianis

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

4821 U.S. Highway 19, Suite 3

83

84 City

New Port Richey

FL

85 Zip Code

34652

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P G
KALOGIANIS, CONSTANTINE
4821 US HWY 19 S. #4
NEW PORT RICHEY FL 34652

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

KALOGIANIS, CONSTANTINE
4821 U.S. 19, Suite 3
New Port Richey, FL 34652

14. 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 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

PRESIDENT

Constantine Kalogianis

(514) 817-0950

CR2E034 (10/97)