


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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000087304 (8)			
1. Corporation Name ALLAN LIEBERMAN, INC.			
Principal Place of Business 9873 LAWRENCE ROAD, SUITE D208 BOYNTON BEACH FL 33426		Mailing Address POST OFFICE BOX 3952 BOYNTON BEACH FL 33424-3952	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	9763 LEMONWOOD TERRACE
22	City & State	27	BOYNTON BEACH, FL
23	Zip	28	33437
24	Country	29	US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LIEBERMAN, ALLAN 9873 LAWRENCE ROAD APT. D-208 BOYNTON BEACH FL 33426		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9763 LEMONWOOD TERRACE 83 84 City BOYNTON BEACH FL 85 Zip Code 33437	
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: <i>Allen Lieberman</i>		DATE: 4/25/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
NAME	STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
14. I do 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: <i>Allen Lieberman</i>		DATE: 4/25/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-364-8333	

CR2E034 (9/96)