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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000007777** (1)

LIBOR INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

7401 BAY COLONY DR

7401 BAY COLONY DR

FILED May 07 1997 8:00am Secretary of State



NAPLES FL 3396	3	NAPLES FL 34108-7514						
				3. Date Inc 01/24/	corporated or Qualified	3a. Date o	of Last Re	eport
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Nur	nber at /a=	17A	Ap	plied For
21 7401	Bay Colony Dr	26			05-06507			t Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certifica	ite of Status Desired		8.75 A Fee Re	
City & State		City & State		A 5	0			
23 Na.0	lo FL	28		I	Campaign Financing and Contribution		\$5.00 Added to	
Zip	Country	Zip	Country		poration has liability for i			
24 34	108 25		30	Florida	Statutes 🔀	Yes 🔲 N	Vo	
	9, Name and Address of Current	Registered Agent		10. Name a	and Address of New Re	gistered Age	nt .	
800 L	ICK, THOMAS B AUREL OAK DRIVE, SUITE 400		81 Name 82 Street	GACII C	Number Not Accepted	<u>B,</u>		7 cm
NAPL	ES FL 33963		83 8 8	og relic	an bay b	ľud, S)U,TC	300
i I			84 City	1 1			5 Zin C	Code 🐟
			^^Λ	laples		<u> </u>	34	708
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on Infamiliar with, and accept the obligat	il Florida. Such change was au	athorized by the cor	corporation submit poration's board of	s this statement for the p directors. I hereby accep	urpose of cha at the appoint	anging its Iment as i	registered registered
SIGNATURE	Signature, typed or printed name of registered again	and title diapplicable (NOT).	Registered Agent signature	required when reinstating)		DATE		
12.	OFFICERS AND	····	13.	ADDITIO	NS/CHANGES TO OFFIC			
TITLE		☐ DELETE	1.1 DTLE	D O Common	N E	L	Change	Addition
NAME			1.2 NAME	Ducharme	, Duane E.			
STREET ADDRESS CITY-ST-ZIP			1.3 STREET ADDRESS 1.4 City- St- Zip	1401 Day	Colony Dr. FL 3410	Ġ.		
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NAME			2.2 NAME	l			-	
STREET ADDRESS			2.3 STREET ADDRESS					•
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NAME		L. Detere	4 2 NAME				ununge	L_J /\dd(\d)
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CITY - ST- ZIP			5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE	İ		LJ	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET AUDRESS					
CITY-ST-ZIP			64 CITY-ST-7:P					

14. I do hereby certify that the information supplied with this filling 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.

(au) /10/14<2