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Jan 24 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 # P96000010474 (0)

1. Corporation Name
LIBERTY TELECOMMUNICATIONS, INC.

Principal Place of Business
1400 S.W. 13TH COURT
POMPANO BEACH FL 33069

Mailing Address
1400 S.W. 13TH COURT
POMPANO BEACH FL 33069-4709



3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
4. FEI Number 65-0660656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent ANDERSON, LOUIS C 224 COMMERCIAL BLVD. SUITE 310 LAUDERDALE BY THE SEA FL 33308-4443	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V.P. SALES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERTON, JAMES E	1.2 NAME	GEORGE GORDON
STREET ADDRESS	1400 S.W. 13TH COURT	1.3 STREET ADDRESS	8697 WOODBERRY CT.
CITY - ST - ZIP	POMPANO BEACH FL 33069	1.4 CITY - ST - ZIP	LAKE WORTH, FL. 33467
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S.V.P. SALES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBERT, HENRY A JR	2.2 NAME	TODD ATHEY
STREET ADDRESS	626 SOLAR ISLE DR.	2.3 STREET ADDRESS	1236 S.W. 9TH ST.
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	BOCA RATON FL 33486
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V.P. SHIPPING <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, STUART MD	3.2 NAME	GLYNIS DOUGLAS
STREET ADDRESS	1400 S.W. 13TH COURT	3.3 STREET ADDRESS	1301 N.E. 13TH AVE
CITY - ST - ZIP	POMPANO BEACH FL 33069	3.4 CITY - ST - ZIP	FORT LAUDERDALE, FLA 33304
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	V.P. ADMINISTRATION <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIGHT, GREGORY D MD	4.2 NAME	MEEGAN DOUGHERTY
STREET ADDRESS	88221 OLD COURTHOUSE ROAD #300	4.3 STREET ADDRESS	1424 N.E. 56TH COURT
CITY - ST - ZIP	VIENNA VA 22182	4.4 CITY - ST - ZIP	FT. LAUDERDALE, FLA 33334
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	S.V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	WAYNE POGANY
STREET ADDRESS		5.3 STREET ADDRESS	6482 CHUB CAY AVE.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V.P. & COMPTROLLER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PATRICIA ROUSE
STREET ADDRESS		6.3 STREET ADDRESS	6193 ROCK ISLAND DR.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33319

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 *James E. Masterton* JAMES E. MASTERTON 1/19/97 954-783-6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)