

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90153 033 \*\*\*150.00

DOCUMENT # P96000010474

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

65-0660656

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, LOUIS C  
224 COMMERCIAL BLVD.  
SUITE 310  
LAUDERDALE BY THE SEA FL 33308-4443

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP  
NAME ATHEY, T  
STREET ADDRESS 4236 SW 9TH ST  
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE C.O.O.  
1.2 NAME DOVNER, PAWN  
1.3 STREET ADDRESS 682 N.W 44 TERRACE #204  
1.4 CITY-ST-ZIP DEERFIELD, FL 33442

TITLE VP  
NAME STANLEY, S  
STREET ADDRESS 13242 S2 9TH CT  
CITY-ST-ZIP DAVIE FL 33325

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 13011 SW 9TH PLACE  
2.4 CITY-ST-ZIP DAVIE, FL 33325

TITLE VP  
NAME DOUGLASS, G  
STREET ADDRESS 8043 LOGOS DECAMTUS  
CITY-ST-ZIP TAMARAC FL 33321

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SVP  
NAME FOGANY, W  
STREET ADDRESS 7320 ASHLEY SHORES CIR  
CITY-ST-ZIP LAKE WORTH FL 33467

4.1 TITLE  
4.2 NAME POGANY, W  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME ROUSE, P  
STREET ADDRESS 6193 ROCK ISLAND DR  
CITY-ST-ZIP FT LAUD FL 33319

5.1 TITLE  
5.2 NAME CARDACIN, P.  
5.3 STREET ADDRESS 3010 N COURSE DR. #304  
5.4 CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE C.O.O.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME MASTERSON, J  
6.3 STREET ADDRESS 1400 SW 13 COURT  
6.4 CITY-ST-ZIP POMPANO BEACH, FL 33069

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. MASTERSON 1/29/99

Date

954-783-6818

Daytime Phone #

01/5433

CR2E034 (11/98)