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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000052665 (2)**1. Corporation Name

LIBERTY TRADING INCORPORATED

FILED May 27 1997 8:00am Secretary of State



Principal Prace 1725 N 50TH A HOLLYWOOD F	NVE	Mailing Address 1725 N 50TH AVE HOLLYWOOD FL 33021-	•								
						3. Date Incorporated or Qualified 06/20/1996	3a. Da	ite of La	st Rer	oort	
2. Principal Pr	iace of Business	28. Mailing Address				4. FEI Number 650 - 68: 59	23	F	+	lied For Applicable	1
Suite, Apt	#, etc	Suite, Apt. #, etc				5. Certificate of Status Desired				lditional	1
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			00.v		
Z(0)	Country 25	Z _I p 29				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes No					
<u> </u>	9. Name and Address of Curre	·	11			10. Name and Address of New Re-					1
BAB	IAN, DENNIS			81	Name					***************************************	1
1725	5 N 50TH AVE LYWOOD FL 33021			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)				
1101	EIWOOD IE OOSE!			83						······································	
•				84	City		FL	85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607 05	02 and 607,1508. Florida State	lutes, the at	nove-	named corpo	pration submits this statement for the p	urpose of	changi	ng its	registered	1
agent. La	in familiar with (and accept the oblig	gations of, Section 607.5505, I	Florida Col	utes.	ine corporation	on's board of directors. I hereby accep	I ine app)	11 12 11	រូប្បីនេះមហ	
SIGNATURE	-MCTECX	77/1	Sid	يو	ret.	4	138	197	2		1
12.	Super very permitted have of registered at OFFICERS At	port and file if applicable (Ni ND DIRECTORS	OTE Registered	d Ageni	it signafüre require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIREC	TORS	1N 12	<u>ات</u>
1011	D	DELETE	1.1 TI	TLE	T	ADDITIONATION TO CITTO	LI IO AITE	Char		Addition	CR2E034 (9/96)
NAME	BABIAN, DENNIS		1.2 N/	AME	j				•		Z.
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CDY+S1+Zift	HOLLYWOOD FL 33021		. 140								<u> </u>
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NAME		·	4.2 N		[
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NAMI			6.2 N/								
STREET ADDRESS					ADDRESS						
-City - St - ZIP			6.4 CI	TY-\$1	ZIP						1

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 officert 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 charged, or on an attachment with an address