| | PROFIT | | ELORIDA DEPAR | TUEL | 0= | STATE | | |
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| | PROFIT FLORIDA DEPARTMEN, OF STATE CORPORATION Kedneting Charities | | | | | | | |
| ANNU | JAL REPORT | | Secretary of State | | | - . | FILED | |
| | 1999 | STATE ! | DIVISION OF CORPORATIONS | | | | | |
| DOCUMENT # P96000063946 | | | | | | 99 NOV 30 PM 3: 18 | | |
| LIBERTY REALTY, INC. | | | | | - | | | |
| | 112 | | | | | | SECRETARY STATE | |
| Principal Place of Business Mailing Address | | | | | | { I NOVIDEN HE LAND DIKN ONK ARKU COM ERKE EKRE HUND IKNI OMU CIN MEN | | |
| 44 WOOD CHASE DRIVE T AUGUSTINE FL 32086 544 WOOD CHASE DRIVE ST. AUGUSTINE FL 32086 | | | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date incorporated or Qualifed 07/29/1996 | | |
| Principal Place of Business 2a. Mailing Address | | | | · · · · · · · · · · · · · · · · · · · | | | 4. FEI Number Applied For | |
| 26 Suite, Apt. #, etc. Suite, Apt. | | | , Apt. #, etc. | al di ata | | | 59-3395843 Not Applicable | |
| 27 | | | , Apr. #, etc. | ic. | | | 5. Certificate of Status Desired | |
| 5 | City & State City & S 28 | | | | | | 6. Election Campaign Financing Trust Fund Contribution Added to Focs | |
| Zip Country | | Zip Country | | | intry | | a. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No | |
| · · · · · · · · · · · · · · · · · · · | 9. Name and Address of | | | 301 | | | 10. Name and Address of New Registered Agent | |
| LFF. | KALMUN | | | | 81 | Name | | |
| 544 | WOOD CHASE DRIVE | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| ST. A | AUGUSTINE FL 32086 | | | | 83 | , | | |
| | | | | | 84 | City | ■a 85 Zip Code | |
| 1, Pursuant | to the provisions of Sections)6 | 07.0502 and 607.150 | 8, Florida Statute | s, the s | bove | -named corp | oration submits this statement for the purpose of changing its registered | |
| office or re agent. I a | egistered agent, or both, in the im familiar with, and account the | State of Florida. Sur obligations of, Section | ch change was au on 107.0505, Flori | thorized de Stat | i by t utes. | the corporation | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered | |
| IGNATURE | Signature, typed or printed refine of registe | and agent and the if applica | rec | | | - | d when reindesing) OKTE | |
| 2. | | RS AND DIRECTOR | | 13. | ACCOUNT. | Marine inque | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TLE | PD | | C DELETE | 1.1 Π | | | Change Addition | |
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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 sceley-por trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, oy or an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with an address, with all other like em

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNANG DYPICER ON DESICTION

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