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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🍃

Secretary of State

FILED DIVISION OF CORPORATIONS 1997 JUN 30 AM 10: 27 DOCUMENT # P9600064601 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA LIBERTY PHONICS, INC. Principal Place of Business Mailing Address 112 EAST STREET 112 EAST STREET **GUITE B** SUITE B TAMPA FL 33602-4108 **TAMPA FL 33602** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1996 2. Principal Place of Business 4. EE! Number 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country B. This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOLAN, MARK R 112 EAST STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B 83 **TAMPA FL 33602** 84 City 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 (NOTE Registered Agent signalure required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Addition DELETE ☐ Change THLE 1:1 TITLE a. Dam 2000002230352---1 NAME 1.2 NAME -07/03/97--01108--017 1.3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition 2.1 TO LE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS Cit & ST-ZIP 2 4 CHY-S1-7P DELETE Change Addition TITLE 3.1.1011 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST-7IP DELETE Change Addition 5.1 DILE TOTLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE 6.1 TITLE Acclition Acclition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY+ST-ZIP

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 eath; that I am an officer or director of the cyrogration or the registrous fortunates empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if tachment with an address.