

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000089778 (0)**  
1. Corporation Name  
**AMERICAN LIBERTY, INC.**

Principal Place of Business

**1878 MATTERHORN DRIVE  
ORLANDO FL 32818**

Mailing Address

**1878 MATTERHORN DRIVE  
ORLANDO FL 32818**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>535 S. OLLARD ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>WINTER GARDEN, FL</b> Zip Country 24 <b>34787</b> 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>10/31/1996</b>	
		4. FEI Number <b>59-3408439</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

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	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, JUNE WOODRUFF</b>	1.2 NAME	
STREET ADDRESS	<b>1878 MATTERHORN DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, G. MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>1878 MATTERHORN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, JENNIFER JUNE</b>	3.2 NAME	
STREET ADDRESS	<b>1878 MATTERHORN DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALQUIST, MICHELLE RENEE</b>	4.2 NAME	
STREET ADDRESS	<b>1878 MATTERHORN DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVA, REBECCA KAY</b>	5.2 NAME	
STREET ADDRESS	<b>1878 MATTERHORN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMOND, AMY LYNN</b>	6.2 NAME	
STREET ADDRESS	<b>1878 MATTERHORN DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*S. Michael S. Sullivan*

2-20-98

407-797-0290

CR2E034 (10/97)