

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000089778** ✓

1. Corporation Name  
**AMERICAN LIBERTY, INC.**

Principal Place of Business

535 S DILLARD ST  
WINTER GARDEN FL 34787  
US

Mailing Address

1878 MATTERHORN DRIVE  
ORLANDO FL 32818

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90012 011 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/31/1996**

4. FEI Number

**59-3408439**

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.

☐ Yes ☐ No

2. Principal Place of Business

21 **717 E. ALTAMONTE DRIVE**

2a. Mailing Address

26 **717 E. ALTAMONTE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **UNIT A-B**

27 **UNIT A-B**

City & State

City & State

23 **ALTAMONTE SPRINGS, FL**

28 **ALTAMONTE SPRINGS, FL**

Zip

Zip

24 **32701**

29 **32701**

Country

Country

25 **USA**

30 **USA**

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

TITLE **PD** ☐ DELETE  
NAME **SULLIVAN, JUNE WOODRUFF**  
STREET ADDRESS **1878 MATTERHORN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **VSTD** ☐ DELETE  
NAME **SULLIVAN, G. MICHAEL**  
STREET ADDRESS **1878 MATTERHORN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ DELETE  
NAME **WILLIAMS, JENNIFER JUNE**  
STREET ADDRESS **1878 MATTERHORN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ DELETE  
NAME **MALQUIST, MICHELLE RENEE**  
STREET ADDRESS **1878 MATTERHORN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ DELETE  
NAME **SILVA, REBECCA KAY**  
STREET ADDRESS **1878 MATTERHORN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ DELETE  
NAME **HAMMOND, AMY LYNN**  
STREET ADDRESS **1878 MATTERHORN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: **H. Michael Sullivan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-99**  
Date

**407-265-0377**  
Daytime Phone #

CR2E034 (5/99)

001/453