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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000081455 (2)

LIBERTIES LAS OLAS INC

## **FILED** Mar 09 1998 8:00am Secretary of State

	ied end dend, iiid:					
Principal Place of Business Mailing Address				-   I CODISCON SIE CONT TOOM OOMS GELUL OO	ini annun latat siani anakt anunt nin 1201	
309 PLAZA REAL 309 PLAZA REAL						
BOCA RATON FL 33432 BOCA RATON FL 33432			!	DO NOT WRITE IN THIS SPACE		E IN THIS SPACE
					3. Date Incorporated or Qualified	IN THIS SPACE
}					09/19/1997	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	Applied For
21 26		├) ~ ~			65-0784119	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27	27		b. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip			Country		8. This corporation owes or has pe	
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent	81	lame	10. Name and Address of New Re	Shizresed Wheur
	EGMAN, HOWARD			Nati III		
309 PLAZA REAL				treet Addre	ess (P.O. Box Number is Not Accepta	ble)
l BO	CA RATON FL 33432		83			
ļ						
			84 0	ity		FL 85 Zip Code
44 Pureupot	to the provisions of Sections 607 05	22 and 607 1508 Florido State	doe the phoye.n	amed corp	oration submits this statement for the	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by th	e corporation	on's board of directors. I hereby acce	pt the appointment as registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, F	londa Statutes.			
SIGNATURE	Signature, typed or punied name of registered ag	erd and title if applicable (NC	OTE: Registered Agent s	onature require	ed when reinstatino)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	AE BREGMAN, LOUIS		1.2 NAME			]
STREET ADDRESS 7930 WELLWYND WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZI	IP L		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	7930 WELLWYND WAY		2.3 STREET ADD	DRESS		`
CITY-ST-ZIP	BOCA RATON FL 33496		2 4 CITY-ST-Z	'IP		
TITLE	D DELETE		3.1 TITLE			Change Addition
NAME	BREGMAN, HOWARD		3.2 NAME			
STREET ADDRESS	309 PLAZA REAL			Oress (		{
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	1		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STHEET ADD			1
CITY-ST-ZIP		- Driese	4.4 City - ST - Zi	P		Change Addition
TITLE		L DELETE	5.1 TITLE	Į		☐ Change ☐ Addition
NAME			5.2 NAME		•	l
STREET ADDRESS			5 3 STREET ADD			İ
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZI	<del>P</del>		Change Addition
TITLE		[_] אנננונ		1		Em charge Em southon
NAME PROFEE ADODESS			6.2 NAME	NDECC		1
STREET ADDRESS			6.3 STREET ADD	1		1
CITY-ST-ZIP	partify that the information supplied v	with this films does not suplify	6.4 CITY-ST-ZI		Section 119.07(3)(i), Florida Statutes. I	further certify that the information

же зарушее who rais many oces for quality for the въжнарной stated in section 1-3-07(3)(), Florida Statules. From the centry that the informatic supplemental arrupal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on or the receiver of fusion emprowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in on an all chiment with an address.

2-20-98

561-368-1300