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 #
1. Corporation Name
LIBERTY ACRES OUR P97000107829 (8)

FILED Feb 09 1998 8:00am Secretary of State

LIBERTY ACRES QUARTER HORSES, INC.																
Principal Place of Business Mailing Address															1818 IBN 1881	
				•	NW 120TH STREET											
11325 NW 120TH STREET																
												DO NOT WRITE IN THIS SPACE				
												3. Date Incorporated or Qualified 12/22/1997				
2.	2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For				
21						26						59-3487743			lot Applicable)
—	Suite, Apt.	Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired	1		Additional	
22						27								Fee F	Required	_
	City & State	. State				City & State						6. Election Campaign Financing			May Be	-
23	Zip	Country			28				Country			Trust Fund Contribution	<u> </u>		to Fees	4
	Zip	25			ļ ₁	29 30			¬ ′			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes You			1	
24		9 Name		Address of Curre		fered Agent		30]	т —			10. Name and Address of New Re			ZI NO	-
9. Name and Address of Current Registered Agent SPENCER, ALBERT T									81	Name		10. 112.112 4112 1144 114	- g	regulit		-
11325 NW 120TH STREET									82							
REDDICK FL 32686										Street	Addre:	ss (P.O. Box Number is Not Acceptal	ble)			
NEDDICK PL 32000										83						-
									84	City			FL	85 Zip	Code	
11	Pursuant t	to the provis	sions o	Sections 607.05	02 and 60	77 1508 Flori	ida Statuto	s the a	bove	-named	corpo	ration submits this statement for the			its registered	-
	office or re	egistered a	aent, c	or both, in the State of accopt the oblid	e of Floric	la Such char	nge was a	uthorize	d by	the cor	poratio	n's board of directors. I hereby acce	pt the ap	pointment a	s registered	
l .		m ra mılar w	vitn, ar	o accopt the oblig	jations or	, Section 607	'.U5U5, FIC	rioa Sta	tutes							
SIG	NATURE	Signature, types	d or print	ed name of registered ag	oct and life	if applicable	(NOTE	Registere	d Age	ni signaturi	: required	when reinstating)	DATE			
12.				OFFICERS AN				13,			·	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12	46
TITL	:						ELETE	1.1 T	ITLE		P/	D/T		Change	Addition	76/01/
NAM	E							1.2 N	AME		SPI	ENCER ALBERT T				
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NAME									2.2 NAME							
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TITLE							ELETE	4.1 TI	TLE]			Change	Addition	
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STRE	ET ADDRESS							4.3 ST	IBEET	address	ĺ					4
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TITLE						D	ELETE	6.1 Ti	TLE					Change	Addition	1
NAM	:							6.2 N/	AME							1
STRE	ET ADDRESS							6.3 \$1	REET	ADDRESS	[
CITY	ST-ZIP							6 4 C	TY-SI	- 7 (Þ	L					1
14.	I hereby c	ertify that the	ne info	rmation supplied v	vith this fit	ling does not	qualify fo	r the exe	empt	ion state	ed in Se	ection 119.07(3)(i), Florida Statutes. I	further c	ertify that the	information	1

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 trusted 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.

ALBERT T SPENCER