


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90239 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000004802**

1. Corporation Name  
**TAMBONE/LIBERTY DEVELOPMENT CORP.**



Principal Place of Business 4200 WACKENHUT DR. SUITE 110 PALM BEACH GARDENS FL 33410	Mailing Address 4200 WACKENHUT DR. SUITE 110 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 Burlington Mall Rd. Suite, Apt. #, etc. 22 Suite 245 City & State 23 Burlington MA Zip Country 24 01803 25 USA		2a. Mailing Address 26 10 Burlington Mall Rd. Suite, Apt. #, etc. 27 Suite 245 City & State 28 Burlington MA Zip Country 29 01803 30 USA		3. Date Incorporated or Qualified 01/15/1998	
		4. FEI Number 65-0816836		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>TAMBONE, RICHARD P</b> 4200 WACKENHUT DR, SUITE 110 PALM BEACH GARDENS FL 33410				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		85 Zip Code			
		222 Lakeview Ave.		33401			
83 17th Floor		84 City		FL			
		West Palm Beach					

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 \_\_\_\_\_ DATE 4-30-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAMBONE, LORI B</b>	1.2 NAME	
STREET ADDRESS	<b>4200 WACKENHUT DR, SUITE 110</b>	1.3 STREET ADDRESS	<b>10 Burlington Mall Rd., Suite 245</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	1.4 CITY-ST-ZIP	<b>Burlington MA 01803</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DPVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAMMBONE, RICHARD P</b>	2.2 NAME	
STREET ADDRESS	<b>4200 WACKENHUT DR, SUITE 110</b>	2.3 STREET ADDRESS	<b>222 Lakeview Ave., 17th Floor</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	2.4 CITY-ST-ZIP	<b>West Palm Beach FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE 4-30-99 DAYTIME PHONE # 781-270-0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)