## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #P98000076263

LIBERTY WAREHOUSE PROPERTIES INC

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90147 022 \*\*\*150.00

CIDEIII		ico, 1140.						
Principal Pl	lace of Business	Mailing Addres	55			1 (\$80,551 )18 James (\$111 AB11) BA11) AB111 AB111   18-		
0500 NORTHWEST 26TH ST.,STE.102 10500 NORTHWEST 26TH ST.,S MIAMI FL 33172 MIAMI FL 33172				TE.102		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
		T- Mai-Ai				08/28/1998	I I Apr	olied For
2. Principal Place of Business		<u> </u>	2a. Mailing Address			4. FEI Number 68172		Apolicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 A	dditional
22	pt. #, 616.	27				5. Certificate of Status Desired  Fee Require		quired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	у	8. This corporation owes the current year Int		
24	25	29	30			Personal Property Tax.		No
	9. Name and Address of Cu	rrent Registered Agen	t			10. Name and Address of New Registered	Agent	
office o agent.	or registered agent, or both, in the SI I am familiar with, and accept the ob-	.0502 and 607.1508. Flo late of Florida. Such cha bligations of, Section 60	orida Statutes, ange was auth 7.0505, Florida	the above orized by Statutes	L <u>´</u>	proporation submits this statement for the purpose of atton's board of directors. I hereby accept the appoint	changing its intiment as reg	registered
SIGNATUR	Signature, typed or printed name of registered	d egent and title if applicable.	(NOTE: Rec	pistered Age	nt signature req	ulred when reinstating) DATE		
12.	OFFICERS	S AND DIRECTORS		13		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE	DP		DELETE	1.1 TITLE			Changa	Addition
NAME	LIROFF, JEFF			1.2 NAME	į			
STREET ADDRE	STREET ADDRESS 10500 NORTHWEST 26TH ST.,STE.102				TADORESS		,	
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE	DST DELETE		2.1 TITLE			☐ Chang <del>é</del>	☐ Addition	
NAME	,			2.2 NAME				
CIDEET ADDOC	STREET ADDRESS 10500 NORTHWEST 26TH ST.,STE. 102			2.3 STREET ADORESS				
SIRCEIADURE	SSINGOO NOMITHICST ZOTT O	14015-105	1					
CITY-ST-ZIP	MIAMI FL 33172			2.4 CITY-	\$1-ZIP		Change	☐ Addition
	1		DELETE	3.1 TITLE			☐ Change	Addition
CITY-ST-ZIP	1		DELETE	3.1 TITLE 3.2 NAME			Change	Addition
CITY-ST-ZIP	MIAMI FL 33172		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	MIAMI FL 33172			3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ET ADDRESS ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRE	MIAMI FL 33172		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP		☐ Change	Addition

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 adactment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

83 STREET ADDRESS

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 C/TY-\$T-ZIP

5.1 TITLE

5.2 NAME

61 T/II F

62 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

OELETE

☐ Change

Change

☐ Addition

Addition