

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Marcham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # S37629 (0)

1. Corporation Name
LIBERTY ADMINISTRATIVE SERVICES, INC.

Principal Place of Business: **2500 N MILITARY TR. SUITE 305 BOCA RATON FL 33431**
Mailing Address: **2500 N MILITARY TR. SUITE 305 BOCA RATON FL 33431**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1991	3a. Date of Last Report 04/26/1995
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	4. FCI Number 56-1747495	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 607.0509 and 607.1315, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, LOTHAR L	2. NAME	
STREET ADDRESS	17819 LAKE ESTATES DR.	3. STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	4. CITY-STATE-ZIP	
TITLE	VD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, CARLYN F	2. NAME	
STREET ADDRESS	17819 LAKE ESTATES DR.	2. STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	2. CITY-STATE-ZIP	
TITLE	T	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM N	3. NAME	
STREET ADDRESS	10375 CANOE BROOK CIRCLE	3. STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	3. CITY-STATE-ZIP	
TITLE	S	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM N	4. NAME	
STREET ADDRESS	10375 CANOE BROOK CIRCLE	4. STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	4. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-STATE-ZIP		5. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-STATE-ZIP		6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William N Davis* William N Davis 1/29/96 407-241-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)