

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S58581

(7)

1. Corporation Name

J. & S. LIBERTY, INC.



Principal Place of Business

813 10TH STREET
ST. CLOUD FL 34769-3410

Mailing Address

813 10TH STREET
ST. CLOUD FL 34769-3410

3. Date Incorporated or Qualified
06/06/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3089311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEOMATTIE-PERSAUD, SHEILA
813 10TH ST
ST CLOUD FL 34769

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 607.0502 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

Signature, typed or printed name of registered agent and the (if applicable)

(If "Officer" Registered Agent, then the name of the officer must be typed)

DATE

4/1/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DEOMATTIE-PERSAUD, SHEILA	
STREET ADDRESS	96 ALDERGROVE DRIVE	
CITY - ST - ZIP	MARKHAM, ONTARIO CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERSAUD, JOHN	
STREET ADDRESS	96 ALDERGROVE DRIVE	
CITY - ST - ZIP	MARKHAM, ONTARIO CANADA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERSAUD, ANTHONY	
STREET ADDRESS	62 SWINTON CRESCENT	
CITY - ST - ZIP	THORNHILL, ONTARIO CANADA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERSAUD, MICHAEL	
STREET ADDRESS	96 ALDERGROVE DRIVE	
CITY - ST - ZIP	MARKHAM, ONTARIO CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

4/1/96

407-892-5000

CR2E034 (12/95)