


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

FILED  
May 08 1998 8:00am  
Secretary of State

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>   |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # S58581 (7)</b><br>1. Corporation Name<br><b>J. &amp; S. LIBERTY, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>813 10TH STREET<br/>ST. CLOUD FL 34769-3410</b>  |  |   | Mailing Address<br><b>813 10TH STREET<br/>ST. CLOUD FL 34769-3410</b> |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>2a. Mailing Address</b>  |   | <b>3. Date Incorporated or Qualified</b><br><b>06/06/1991</b>  |  |
| <b>21</b>  |  | <b>26</b>   |   | <b>4. FEI Number</b><br><b>59-3089311</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>22</b>  |  | <b>27</b>   |   | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| City & State   |  | City & State  |   | <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>23</b>  | Zip  | <b>28</b>   | Country   |  |  |
| <b>24</b>  |  | <b>29</b>   |   |  |  |
| <b>9. Name and Address of Current Registered Agent</b>   |  |   |   | <b>10. Name and Address of New Registered Agent</b>  |  |
| <b>DEOMATTIE-PERSAUD, SHEILA</b><br><b>813 10TH ST</b><br><b>ST CLOUD FL 34769</b>   |  |   |   | <b>81</b>  | Name   |
|  |  |   |   | <b>82</b>  | Street Address (P.O. Box Number is Not Acceptable)     |
|  |  |   |   | <b>83</b>  |  |
|  |  |   |   | <b>84</b>  | City   |
|  |  |   |   | <b>FL</b>  | <b>85</b> Zip Code                                     |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |   |  |  |
| <b>12. OFFICERS AND DIRECTORS</b>  |  |   |   |  |  |
| TITLE  | <b>P</b>   | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | <b>DEOMATTIE-PERSAUD, SHEILA</b>   |   |   |  |  |
| STREET ADDRESS   | <b>98 ALDERGROVE DRIVE</b>   |   |   |  |  |
| CITY-ST-ZIP  | <b>MARKHAM, ONTARIO CANADA</b>   |   |   |  |  |
| TITLE  | <b>V</b>   | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | <b>PERSAUD, JOHN</b>   |   |   |  |  |
| STREET ADDRESS   | <b>98 ALDERGROVE DRIVE</b>   |   |   |  |  |
| CITY-ST-ZIP  | <b>MARKHAM, ONTARIO CANADA</b>   |   |   |  |  |
| TITLE  | <b>T</b>   | <input checked="" type="checkbox"/> DELETE  |   |  |  |
| NAME   | <b>PERSAUD, ANTHONY</b>  |   |   |  |  |
| STREET ADDRESS   | <b>62 SWINTON CRESCENT</b>   |   |   |  |  |
| CITY-ST-ZIP  | <b>THORNHILL, ONTARIO CANADA</b>   |   |   |  |  |
| TITLE  | <b>S</b>   | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   | <b>PERSAUD, MICHAEL</b>  |   |   |  |  |
| STREET ADDRESS   | <b>98 ALDERGROVE DRIVE</b>   |   |   |  |  |
| CITY-ST-ZIP  | <b>MARKHAM, ONTARIO CANADA</b>   |   |   |  |  |
| TITLE  |  | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   |  |   |   |  |  |
| STREET ADDRESS   |  |   |   |  |  |
| CITY-ST-ZIP  |  |   |   |  |  |
| TITLE  |  | <input type="checkbox"/> DELETE   |   |  |  |
| NAME   |  |   |   |  |  |
| STREET ADDRESS   |  |   |   |  |  |
| CITY-ST-ZIP  |  |   |   |  |  |
| <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>   |  |   |   |  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |  |
| 1.1 TITLE  |  |   |   |  |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 3.2 NAME   | <b>T/S PERSAUD, MICHAEL</b>  |   |   |  |  |
| 3.3 STREET ADDRESS   | <b>98 Aldergrove Dr.</b>   |   |   |  |  |
| 3.4 CITY-ST-ZIP  | <b>Markham, Ontario Canada</b>   |   |   |  |  |
| 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  |  |   |   |  |  |

SIGNATURE:

*S. Persaud*

4/30/98 407 992 5000

CR2E034 (10/97)