FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S79547** **(3)**

1. Corporation Name

LIAISON INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business
243 N ARLINGTON RD.
SUITE 1A
JACKSONVILLE FL 32211

Mailing Address
5860 ARLINGTON RD
SUITE #1
JACKSONVILLE FL 32211
US

2. Principal Place of Business
21 5860 Arlington Rd
Suite, Apt. #, etc
22 Suite #1
City & State
23 Jacksonville, FL
Zip 24 32211 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/11/1991
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-3081645 [ ] 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

GODFREY, G. FRANK
3560 COLONY COVE TRAIL WEST
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent
81 Name: HENRY H. MATHEWS
82 Street Address (P.O. Box Number is Not Acceptable): 13906 Spanish Pt Dr.
83
84 City: Jacksonville FL 85 Zip Code: 32225

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: Henry H Mathews HENRY H. MATHEWS 3-5-96
Signature of Registered Agent — Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	MATHEWS, HENRY H.	
STREET ADDRESS	13906 SPANISH POINT DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	[ ] DELETE
NAME	KENNEDY, EARL FRANK	
STREET ADDRESS	3503 EVE DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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: Henry H Mathews HENRY H. MATHEWS 3-5-96 904-743-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)