

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90058 017 ***150.00

DOCUMENT # V36926

1. Corporation Name
THE LIBRA GROUP INC.

Principal Place of Business

3601 BAYOU CIRCLE
LONGBOAT KEY FL 34228
US

Mailing Address

3601 BAYOU CIRCLE
LONGBOAT KEY FL 34228
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1992

4. FEI Number

65-0337676

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

GOLDMAN, ALLEN
6394 JACKIE LYNN CT
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name ~~DAVID WATTS~~ DAVID WATTS
82 Street Address (P.O. Box Number is Not Acceptable)
~~933 BLUE HERON OVERLOOK~~
83 933, BLUE HERON OVERLOOK,
84 City ~~OSPREY~~ OSPREY FL 85 Zip Code 34229

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

~~DAVID WATTS~~ DAVID WATTS DIRECTOR X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4/17/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME WATTS, DAVID
STREET ADDRESS 3601 BAYOU CIR.
CITY-ST-ZIP LONGBOAT KEY FL

☐ DELETE

TITLE V
NAME GOLDMAN, ALLEN
STREET ADDRESS 6394 JACKIE LYNN CT
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 933, BLUE HERON OVERLOOK

1.4 CITY-ST-ZIP OSPREY, FL. 34229

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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

Date

(941) 966 6264

Daytime Phone #

CR2E034 (11/98)