

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 # **V59919** (3)

1. Corporation Name

FINANCIAL LIBERTY ASSOCIATES, INC.



Principal Place of Business

**620 DOUGLAS AVE
#1312
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**620 DOUGLAS AVE
#1312
ALTAMONTE SPRINGS FL 32714
US**

3. Date Incorporated or Qualified
09/01/1992

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3138425

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

10. Name and Address of New Registered Agent

**LANE, RONALD L
620 DOUGLAS AVE
STE 1312
ALTAMONTE SPRINGS FL 32714**

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 filer, if applicable)

(If filer is not the registered agent, signature required when changing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	EYERMANN, LOUIS J., III	
STREET ADDRESS	451 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LANE, RONALD L.	
STREET ADDRESS	200 SQUIRREL TRAIL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LANE, RONALD L.	
STREET ADDRESS	125 MARGO LANE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ZIP- 32779
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DV
3.3 STREET ADDRESS	LANE, RONALD L., JR.
3.4 CITY-ST-ZIP	125 MARGO LANE
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS
4.3 STREET ADDRESS	CROCKER, RICK M.
4.4 CITY-ST-ZIP	1709 SNARESBROOK WAY
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	LANE, ROBERT P.
5.4 CITY-ST-ZIP	534 E. ALPINE ST.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALTAMONTE SPRINGS, FL 32701
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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 APR. 1996 (407)869-5455

Date

Daytime Phone #

CR2E034 (12/95)