

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V59919** (3)  
1. Corporation Name  
**FINANCIAL LIBERTY ASSOCIATES, INC.**

Principal Place of Business <b>620 DOUGLAS AVE #1312 ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>620 DOUGLAS AVE #1312 ALTAMONTE SPRINGS FL 32714-2544 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1992</b>	3a. Date of Last Report <b>04/16/1996</b>
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>59-3138425</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**LANE, RONALD L JR.  
620 DOUGLAS AVE.  
SUITE 1312  
ALTAMONTE SPRINGS FL 32714**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<b>D/P</b>
NAME	<b>LANE, RONALD L JR</b>	1.2 NAME	
STREET ADDRESS	<b>125 MARGO LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	
NAME	<b>LANE, RONALD L.</b>	2.2 NAME	
STREET ADDRESS	<b>200 SQUIRREL TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	3.1 TITLE	
NAME	<b>CROCKER, RICK M</b>	3.2 NAME	
STREET ADDRESS	<b>1709 SNARES BROOK WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TS</b>	4.1 TITLE	<b>D/T</b>
NAME	<b>LANE, ROBERT P</b>	4.2 NAME	
STREET ADDRESS	<b>534 E ALPINE ST</b>	4.3 STREET ADDRESS	<b>142 LEE AVE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	4.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **ROBERT P. LANE** 3/26/97 (407) 869 5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/96)