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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Apr 14 1998 8:00am Secretary of State

1. Corporati	ICIAL LIBERTY ASSOCIATES	` '			
Principal Pla	ice of Business	Mailing Address		* I I DO SE DE LA COLLEGA DE L	
620 DOUGL	AS AVE	620 DOUGLAS AVE			
#1312 #1312 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS		FI 32714	DO NOT WRITE IN TH	IS SPACE	
US		US	FL 32/14	3. Date Incorporated or Qualified	
				09/01/1992	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3138425	Not Applicable
Suite, Ap	t #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Solimon of States Doored	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28 Tip	Country	Trust Fund Contribution	Added to Fees
Zip 24	<u> </u>	Zip	Country	8. This corporation owes or has paid the	current year Intangible Yes No
24	25 9, Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	
1	ANE, RONALD L JR.		81 Name		
	20 DOUGLAS AVE.		00 00 10 1		
	UITE 1312		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LTAMONTE SPRINGS FL 32714		83		
•••	En Alloute of throot of off it				
			84 City	F	85 Zip Code
SIGNATURE	Signature, typical or printed mone of registered as OF LICERS AN	ND DIRECTORS	TI Registered Agent signature requirements.	ired when reinstate(g) DATE ADDITIONS/CHANGES TO OFFICERS A	· · · · · · · · · · · · · · · · · · ·
TITLE	DP DONALD LID	DEFELE	1.1 TITLE		Change Addition
NAME	LANE, RONALD L JR 125 MARGO LN		1.2 NAME		
STREET ADDRESS	LONGWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DS	DELETE	1.4 CITY-ST-7IP 2.1 TITLE		Change Addition
NAME	CROCKER, RICK M		2.2 NAME		
STREET ADDRESS	ATAN ALLEDFARRANIAN		2.3 STREET ADDRESS	· · ·	
CITY-ST-ZIP	ORLANDO FL		2. 4 C(1Y+ST+Z)P		
TITLE	DT	DELET e	3.1 1/ILF		Change Addition
NAME	LANE, ROBERT P		32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	:		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	 		5.4 CITY-S1-ZIP		T a T
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - \$1 - ZIP	·	

14. Thereby 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 13 if changed, or on an attachment with an address.