SECOND NOTICE: CORPORATION WILL I AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DIS	BE DISSOLVED ON OR AFTER AL SOLVED, MINIMUM AMOUNT DUE T	IGUST 7, 1996. O reinstate: \$375.)		
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # V72878 (4)				
LIBERTY FIRST MORTGAGE CO	RPORATION		1 18541 SIGNA 18646 (4864 4861) 1866) 46	and and and and and and and and and
Principal Place of Business Mailing Address				
727 S. ORANGE AVE. 727 S. ORANGE AVE. SUITE 3 SUITE 3				
SARASOTA FL 34236	SARASOTA FL 34236		3. Date Incorporated or Qualified 10/16/1992	3a. Date of Last Report 05/23/1995
2. Principal Place of Business 1 713 S. GRANGE AVE	2a. Mailing Address	NE AS	4. FET Number 65-0369007	Applied For Not Applic≳ble
Suite Apt #, etc	Suite, Apt. #, etc	The second secon	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State SANASOM, FC-3823	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	8. This corporation has hability for in	~ ~ ~ 1
9. Name and Address of Curr	29 30 ent Registered Agent		Florida Statutes 10. Name and Address of New Reg	Yes No listered Agent
DELONG, GEORGE		81 Name	(60.0	No. of the Control of
, 727 S. ORANGE AVE. SUITE 3		82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
SARASOTA FL 34236		84 City		85 Zip Code
11. Pursuant to the proves ons of Sections 607.05	502 and 607 1508. Flunda Statutes		invation submits this statement for the ru	FL
office or registered agent, or both, in the State agent. I am familiar with, and accept the obli	te of Fiorida. Such change was auth	or zed by the corporat	ion's board of directors. Thereby accept	the appointment as registered
SIGNATURE Signature by each protect range of roly dere ha	igent as a file of applications (*ii.11)£ fo	rg stored Agost signature regu	out when reportings	DATE
	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 (6) Change
TITLE D . NAME DELONG, GEORGE		11 THILE 12 NAME	Storice DELOVIG	
		1.3 STREET ADDRESS	7006 Mianualt.	Change Addition
CITY-ST-ZIP SARASOTA FL 14 CITY ST ZIP			MASOLA, FI. 3	CALCZ R
NAME	DELETE	2.1 TITLE 2.2 NAME	•	Change Addition O
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-SI-ZIP		2.4 C(TY+ST+7)P		
TITLE	DELETE	3 1 THLE		Change Addition
NAME Street address		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY - ST - Z-P		
TITLE	DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAMÉ		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	DELETE	4.4 C/TY - ST - ZIP 5.1 TITLE		Change (Addition
NAME	•	5.2 NAME		- /A-1 //
STREET ADDRESS		5.3 STREET ADDRESS	,	1375 L
CITY - ST - ZIP	חלוגוג	5.4 CIRY - ST - ZIP	الم	Addition
TITLE	[] DELETE	61 TITLE 62 NAME	50000190 -07/26/960101 ***225.00	1042
STREET ADDRESS		63 STHEFT ADDRESS	***225.88	
CITY - ST - ZIP		64 OTY - 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Brock 13 if changed, or of an attachment with an address

SIGNATURE:

GN TURE AND PED OR PRINTED NAME OF SINING OFFICER OR DIRECTOR

7/7/96 44-857-488