

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

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Feb 12 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 # 309138 (6)

1. Corporation Name  
FEDERAL LIQUIDATORS & AUCTION CO., INC.

Principal Place of Business 2458 SWEETWATER CC DR SUITE 1 APOPKA FL 32712 US	Mailing Address P.O. BOX 3064 LONGWOOD FL 32778-0064
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2. Principal Place of Business 21 Suite #13 22 7850 So. Pine (US441) City & State 23 Ocala, Florida Zip Country 24 34480 25 Marion	2a. Mailing Address 26 Suite #13 27 7850 So. Pine (US 441) City & State 28 Ocala, Florida Zip Country 29 34480 30 Marion	3. Date Incorporated or Qualified 09/19/1966	3a. Date of Last Report 03/15/1996	4. FEI Number 59-1211085	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HOFFMAN W. A. 2458 SWEETWATER CC DR APOPKA FL 32712	10. Name and Address of New Registered Agent 81 Name W.A. Hoffman 82 Street Address (P.O. Box Number is Not Acceptable) Suite #13 83 7850 So. Pine (US 441) 84 City Ocala, Florida FL 85 Zip Code 34480
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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 title if applicable

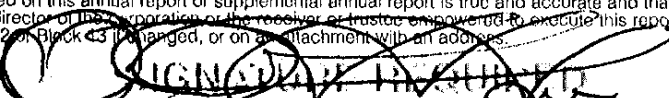
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/P/S/T
NAME	HOFFMAN, W.A. JR	1.2 NAME	W.A. Hoffman
STREET ADDRESS	P.O. BOX 3064	1.3 STREET ADDRESS	Suite #13
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	7850 So. Pine (US441) Ocala 34480
TITLE	SDT	2.1 TITLE	V.P.
NAME	HOFFMAN, EDWINA J	2.2 NAME	P.M. Hoffman
STREET ADDRESS	P.O. BOX 3064	2.3 STREET ADDRESS	Suite #13-7850 So. Pine (US 441)
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Ocala, FL. 34480
TITLE		3.1 TITLE	V.P.
NAME		3.2 NAME	M.A. Hoffman
STREET ADDRESS		3.3 STREET ADDRESS	Suite #13-7850 So. Pine (US441)
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocala, Florida 34480
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 this 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 of Block 43 if changed, or on an attachment with an address.

SIGNATURE:



January 14, 1997 1-800-230-2057

CR2E034 (9/96)