

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2458 SWEETWATER CC DR SUITE 1 APOPKA FL 32712 US</b>	Mailing Address <b>P.O. BOX 3064 LONGWOOD FL 32778-0064</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/19/1966</b>	3a. Date of Last Report <b>03/15/1996</b>
21. Suite #13	26. Suite #13	4. FEI Number <b>59-1211085</b>	Applied For Not Applicable
22. 7850 So. Pine (US441)	27. 7850 So. Pine (US 441)	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Ocala, Florida	28. Ocala, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. 34480	25. Marion	29. 34480	30. Marion

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D/P/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOFFMAN, W.A. JR</b>		1.2 NAME <b>W.A. Hoffman</b>	
STREET ADDRESS <b>P.O. BOX 3064</b>		1.3 STREET ADDRESS <b>Suite #13</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>		1.4 CITY-ST-ZIP <b>7850 So. Pine (US441) Ocala 34480</b>	
TITLE <b>SDT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOFFMAN, EDWINA J</b>		2.2 NAME <b>P.M. Hoffman</b>	
STREET ADDRESS <b>P.O. BOX 3064</b>		2.3 STREET ADDRESS <b>Suite #13-7850 So. Pine (US 441)</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>		2.4 CITY-ST-ZIP <b>Ocala, FL. 34480</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>M.A. Hoffman</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>Suite #13-7850 So. Pine (US441)</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Ocala, Florida 34480</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>000002085950</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>-02/12/97--01123--044</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>***165.00</b>	

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 of Block 43 (a) changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

January 14, 1997 1-800-330-2057

CR2E034 (9/96)