

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089252 (8)**

1. Corporation Name

GENERAL LIQUIDATION SERVICES, INC.



Principal Place of Business

Mailing Address

**3351 NORTHEAST 13 AVENUE
POMPANO BEACH FL 33064**

**3351 NORTHEAST 13 AVENUE
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report
4. FEI Number 65-0540849	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
24. Zip	25. County
26. Zip	27. County
28. Zip	29. County
30. Zip	31. County

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0705, Florida Statutes.

SIGNATURE

(Signature of registered agent or officer of the corporation)

(Signature of Registered Agent or person receiving this filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P/T/D
NAME	TAGLIONE, LAURA J	2. NAME	Taglione, Laura J
STREET ADDRESS	3351 NORTHEAST 13 AVENUE	3. STREET ADDRESS	3351 NE 13th Ave
CITY-STATE-ZIP	POMPANO BEACH FL 33064	4. CITY-STATE-ZIP	Pompano Beach, FL 33064
TITLE		2.1 TITLE	V.P. / S/D
NAME		2.2 NAME	Scott C. Grasso
STREET ADDRESS		2.3 STREET ADDRESS	3351 NE 13th Ave.
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Pompano Beach, FL 33064
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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: *Laura Taglione* **LAURA Taglione (President) 1/19/96** (305) 878-4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Year, Month

CR2E034 (12/95)