

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000031065 (2)**

1. Corporation Name
EASTWOOD LIQUIDATIONS, INC.



Principal Place of Business: **5250 LUNA VISTA DR. NEW PORT RICHEY FL 34652**
Mailing Address: **5250 LUNA VISTA DR. NEW PORT RICHEY FL 34652**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21 5250 LUNA VISTA DR.		26 2153 HARRISON DR.		04/17/1995		0	
22 Sute, Apt. #, etc.		27 Sute, Apt. #, etc.		4. FEI Number		Applied For	
				59-3309420		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
New Port Richey, FL		Holiday FL 34691		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing		Trust fund Contribution	
34652		34691		<input type="checkbox"/>		<input type="checkbox"/>	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
PASCO		PASCO		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'BRIEN, SARAH 3429 CHAUNCY ROAD HOLIDAY FL 34691				81 Name: MAUREEN J. DUNN			
				82 Street Address (P.O. Box Number is Not Acceptable): 2153 HARRISON DR.			
				83			
				84 City: Holiday, FL 85 Zip Code: 34691			

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: *Maureen J. Dunn* MAUREEN J. DUNN DATE: **4/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: President	<input checked="" type="checkbox"/> DELETE	1. TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EDWARD J. O'BRIEN		12. NAME: Joseph E. Dunn	
STREET ADDRESS: 3429 CHAUNCY DR.		13. STREET ADDRESS: 2153 HARRISON DR.	
CITY-ST-ZIP: Holiday, FL 34691		14. CITY-ST-ZIP: Holiday, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice-President	<input type="checkbox"/> DELETE	2. TITLE: Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Joseph E. Dunn		22. NAME: MAUREEN J. DUNN	
STREET ADDRESS: 2153 HARRISON DR.		23. STREET ADDRESS: 2153 HARRISON DR.	
CITY-ST-ZIP: Holiday, FL 34691		24. CITY-ST-ZIP: Holiday, FL 34691	
TITLE: Secretary	<input checked="" type="checkbox"/> DELETE	3. TITLE: Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Sarah O'Brien		32. NAME: MAUREEN J. DUNN	
STREET ADDRESS: 3429 CHAUNCY DR.		33. STREET ADDRESS: 2153 HARRISON DR.	
CITY-ST-ZIP: Holiday, FL 34691		34. CITY-ST-ZIP: Holiday, FL 34691	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-ST-ZIP:		64. CITY-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 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: *Joseph E. Dunn* Joseph E. DUNN DATE: **4/30/96** 813-943-9456

CR2E034 (12/95)