

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # S94423 (8)**

1. Corporation Name  
**1ST COMMERCIAL LIQUIDATION DEPT., INC.**

**FILED**  
 1995 JUL 19 AM 10:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4037 66TH STREET NORTH ST. PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1991** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>4895 34th St. No.</b>		26 <b>4895 34th St. No.</b>		58-3094273		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 City & State <b>ST. PETERSBURG FL.</b>		28 City & State <b>ST PETERSBURG FL.</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip <b>33714</b>	25 Country <b>PINELLAS</b>	29 Zip <b>33714</b>	30 Country <b>PINELLAS</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GOLDSTEIN, LARRY D. 600-49TH ST. NO., STE A-1 ST PETERSBURG 33710</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TENAGLIA, TED</b>	1.2 NAME	
STREET ADDRESS	<b>4037 66TH STREET NORTH</b>	1.3 STREET ADDRESS	<b>4895 34th STREET NORTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33714</b>
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TENAGLIA, LOUIS</b>	2.2 NAME	
STREET ADDRESS	<b>4037 66TH STREET NORTH</b>	2.3 STREET ADDRESS	<b>4895 34th STREET NORTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33714</b>
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANAGLIA, LOUIS</b>	3.2 NAME	
STREET ADDRESS	<b>4037 66TH STREET NORTH</b>	3.3 STREET ADDRESS	<b>4895 34th STREET NORTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33714</b>
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, changed, or on an attachment with an address.

SIGNATURE: *Louis Tenaglia VD* **LOUIS TENAGLIA VD** 07-13-95 (813) 381-0038  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name #)

CR2E034 (3/95)