SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -3 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 311662 (1)

1. Corporation Name
A-1 LIQUIDATING CORPORATION

Principal Place of Business	Mailing Address
9106 BAY POINT DRIVE ORLANDO FL 32819	9106 BAY POINT DRIVE ORLANDO FL 32819

4407 VINELAND RD

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1966
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: D-6.
22: Orlando FL.
23: 32811 USA.
24 (Zip): 25 (Country):

2a. Mailing Address
26: 4407 VINELAND RD.
27: Suite D-6.
28: Orl. FL
29 (Zip): 32811
30 (Country):

4. FEI Number: 59-1163288 — Applied For ☐ — Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEAN, K KRAIGE
3405 FOXCROFT ROAD
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: MARGARET. PURRINGTON
82 Street Address (P.O. Box Number is Not Acceptable): 4407 VINELAND RD
83: Suite D-16
84 City: ORLANDO FL 85 Zip Code: 32811

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: Margaret Purrington — MARGARET PURRINGTON — 6/8/95
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		
TITLE	ST	11 TITLE		☐ Change ☐ Addition
NAME	KLEIN, FRANCES E	12 NAME		
STREET ADDRESS	115 BARTO AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	BEARDSLEY, HENRY L.	22 NAME		
STREET ADDRESS	9106 BAY POINT DR.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BEARDSLEY, MOLLIE J.	32 NAME		
STREET ADDRESS	9106 BAY POINT DR.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	8/24/95	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0011741 CP