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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT, OF STATE

## Sandra B. Mortkam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 539738

(5)

FLAGLER SURPLUS, INC.

## **FILED** Jun 12 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			
1798 WEST FL MIAMI FL 8313		1798 WEST FLAGLER ST. MIAMI FL 33135-2017				
				3. Date Incorporated or Qualified 07/01/1977	3a. Date of Last Report 02/02/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-1751619	Applied For	
21		26	26		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27	27		Fee Required	
City & State		City & State	City & State		\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032,	
24	25	29 30	)]		Yes No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	istered Agent	
	IULBERG, ALAN		81 Name	arc Schulking		
1798 WEST FLAGLER ST.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33135			8 w flaster	2	
			B3	•		
			84 CityMa		85 Zip Code	
4		0500 1000 1500 51 11 011	ria	w	FL   33/35	
office or r agent. La	o the provisions of Sections 607.  egistered agent, or both, in the S  m familiar with, and accept the	0502 and 607.1508, Florida Statutes, tate of Florida. Such change was auti bligations of, Soction 607.0505, Floric	the above-named corp horized by the corporation of the statutes.	poration submits this statement for the pution's board of directors. I hereby accept	irpose or changing its registered the appointment as registered	
SIGNATURE Signature, typed or primed name of registered agent and supplicable (NO1±: Registered Agent signature required when reinstaling)  DATE						
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	P	<b>₹</b> ≢D)ELETE	1.1 TITLE 👇	ત્તક	Change Addition	
NAME	SCHULBERG, ALAN		1.2 NAME	arc Schulbers	l;	
STREET ADDRESS	1798 W FLAGLER ST		1.3 STREET ADDRESS \ \	798 w Flasher of	-	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	nami Fl 33135	_ ]	
TITLE	SD	DELETE	2.1 TITLE	nte schulkes 1	Change Addition	
NAME	SCHULBERG, ALAN		2.2 NAME	may w Flasterst		
STREET ADDRESS	1798 W. FLAGLER ST.		2.3 STREET ADDRESS	vian F1 33135		
CITY-ST-ZIP	MIAMI FL	_	2. 4 CITY - S1 - ZIP			
TITLE	MT	DELETE	3.1 TITLE		Change Addition	
NAME	SCHULBERG, MARC		3.2 NAME			
STREET ADDRESS	1708 W FLAGLER		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		i	
CITY-ST-ZIP			4.4 CHTY - ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME ,	'		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	·*		63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 or Block 13 if changed, or on an attachment with an address.