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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 685850 (0)

1. Corporation Name
C.P. LIQUIDATION CORP.

Principal Place of Business
3541 STATE RD 710
RIVIERA BCH. FL 33404

Mailing Address
3541 STATE RD 710
RIVIERA BCH. FL 33404-6311



3. Date Incorporated or Qualified 08/28/1980
3a. Date of Last Report 05/29/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2043542 | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | | Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 S FLAGLER DR 11TH FLOOR
WEST PALM BCH FL 33402

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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 | PDS <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEAKTER, MICHAEL ALLEN | 1.2 NAME | |
| STREET ADDRESS | 1207 SENECA ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | ZIP 33458 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPENCER, MARK A. | 2.2 NAME | |
| STREET ADDRESS | 906 FRUITLAND AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | 2.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVANDOWSKI, STANLEY | 3.2 NAME | |
| STREET ADDRESS | 14850 MARRIAN AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDENS FL | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERSH, RAYMOND T | 4.2 NAME | |
| STREET ADDRESS | 1703 VESTAL DR. | 4.3 STREET ADDRESS | 23065 VIA STEL |
| CITY-ST-ZIP | CORAL GABLES FL | 4.4 CITY-ST-ZIP | BOCA RATON, FL. 33433 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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.

SIGNATURE: *Raymond T. Hersh* V.P. RAYMOND T. HERSH, V.P. 3/25/97 561-391-6514

CR2E034 (9/96)