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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000657 (7)

COMPUTER LIQUIDATIONS, LTD., INC.

Apr 16 1998 8:00am					
Secretary of State					

EII ED

Principal Place of Business Mailing Address					(1561199 (1)0 (2106 (1)() 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1) 20(1)	
3700 AIRPORT	RD	3700 AIRPORT RD	3700 AIRPORT RD			
STE 304	P1 00404	STE 304			DO NOT WRITE IN THIS SPACE	
BOCA RATON	FL 33431	US	BOCA RATON FL 33431		3. Date Incorporated or Qualified	
•••		00			01/26/1993	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 Sau	n 0	28 Same			16-1429180 Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5 Cartificate of Status Desired Status Desired Status Desired	
22		27			Fee Required	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip 24	Country	Zip	Countr	У	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Currer		30		Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent	
DO	SEBERG, ROBERT	TO THE STATE OF TH	8	Name		
3	O AIRPORT RD STE 304			l		
	TE C-150		8:	Street A	Address (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33431		8:	1		
			84	City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	s, the abo	/e-named d	corporation submits this statement for the purpose of changing its registered	
l office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	Jthorized b	v the corp	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
Signature, typed or printed name of registered agent and little if applicable (NOTE Regis				ent signature t	required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	ROSENBERG, ROBERT L	D OFFER	1.1 TITLE		Circlingo C Addition	
NAME	5188 NW 28 CIR		1.2 NAME	- 1		
STREET ADDRESS	BOCA RATON FL		1.4 CITY	T ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2.1 TITLE	31-211	Change Addition	
NAME	DORAN, DAVID A	<u> </u>	2.2 NAME		Poren. On A.	
STREET ADDRESS	3699 MYKONOS-CT			T ADDRESS	250 S. Ocean Blue #6-H	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY	- 1	250 S. Ocean Blul. 416-H Boca Haton, Fl. 33432	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CiTY-ST-ZIP		☐ DELETE	5.4 CITY-		Change Addition	
TITLE		□ vereit	6.1 TITLE		C Ovalige C Audition	
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		in the last of the same life for	6.4 CITY		d in Continue 140 07/9V(). Elevide Statutes I further partify that the information	

I hereby certify that the information indicated on this puriod 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 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 an attachment with an accurate

SIGNATURE: