

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90017 048 ***150.00

DOCUMENT # F93000000657

1. Corporation Name

COMPUTER LIQUIDATIONS, LTD., INC.

Principal Place of Business

3700 AIRPORT RD
STE 304
BOCA RATON FL 33431
US

Mailing Address

3700 AIRPORT RD
STE 304
BOCA RATON FL 33431
US

2. Principal Place of Business

21 3200 North Federal Hwy

2a. Mailing Address

26 3200 North Federal Hwy

Suite, Apt. #, etc.

22 Ste. 122

Suite, Apt. #, etc.

27 Ste. 122

City & State

23 BOCA RATON, FL.

City & State

28 BOCA RATON FL

Zip

24 33431

Country

25 US

Zip

29 33431

Country

30 US

9. Name and Address of Current Registered Agent

ROSEBERG, ROBERT
3700 AIRPORT RD STE 304
SUITE C-150
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1993

4. FEI Number

16-1429180

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

Robert Rosenberg

82 Street Address (P.O. Box Number is Not Acceptable)

3200 North Federal Hwy.

83

Ste 122

84 City

BOCA RATON

FL

85 Zip Code

33431

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

Robert L. Rosenberg

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROSENBERG, ROBERT L
STREET ADDRESS 5188 NW 26 CIR
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME DORAN, DAVID A
STREET ADDRESS 250 S OCEAN BLVD #6H
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: X

Robert L. Rosenberg

Date

Daytime Phone #

CR2E034 (11/98)