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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000496 (8)

FILED

98 JUN -5 PM 3:53

SECRETARY OF STATE

U.S. GOLF LIQUIDATORS, INC.			TALLAHASSE	F. L FOLIOW
Principal Place of Business	Mailing Address		1 JASTINES TEIR SOUNT BIRTH BOUR BERTH BOUR BOUR	MANN MAINT ALAIM 1814A MIN 1841
6955 HANGING MOSS RD 6955 HANGING MOS)		
STE 103 ORLANDO FL 32807	STE 103 Orlando Fl 32789		DO NOT WRITE IN TH	HIS SPACE
US	US		3. Date Incorporated or Qualified	
			01/30/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3285313	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		6. Election Cempaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	This corporation owes or has paid the	
25	29	30	Personal Property Tax due June 30.	Yes No
g, Name and Address of Cur	rent Registered Agent	·	10. Name and Address of New Register	ed Agent
MCCORMICK, JOHN M		81 Name	Frein, Toseph A	
501 E. CHURCH ST.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	<i>t</i> ·
ORLANDO FL 32801			118 E. Jefferson St	<u></u>
•		83		
•		84 City		85 Zip Code
			Orlando F	"L 1.32801
11. Pursuant to the provisions of Sections 607.0 office by registered agent, or both, in the St	late of Honda. Such change was a	authorized by the cornor	rporation submits this statement for the purpos- ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I am familia with, and accept the of	oligations of, Section 607.0505, Etc	orida Statutes.	,	- Province of the Control of the Con
SIGNATURE Signature by the part of the policy of the polic	and the same and the same at the same at	E Registered Agent signature rec		
	Lagrent and time if applicable (NOTE AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	<u></u>
TITLE PD	DELFIE	1.1 1ITLE	ADDITIONS/OFFICERS A	Change Addition
NAME HARROLD, PETER		1.2 NAME		
STREET ADDRESS 3909 CALIBRE BEND #401	į	1.3 STREET ADDRESS	6955 HANSINS MOSS	RJ #103
CITY-ST-ZIP WINTER PARK FL.		1.4 City-St-ZiP	OrLoudo, FL 3285	7
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	100002552 -06/09/98-	
NAME		3.2 NAME	-06/03/98	-01060020
STREET ADDRESS		3.3 STREET ADDRESS	****150.00	****150.00
C/TY-ST-ZIP TITLE	DELÉTE	34 CITY-S1-ZIP 4 1 HILF		Change Addition
NAME		4 2 NAME		change nucli(to))
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CiTY-ST-ZiP		
TITLE	DEELTE	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		\triangle A
STREET ADDRESS		6.3 STREET ADDRESS	<i>(</i> /	7 XV 1
CHY-ST-ZIP	1	6.4 CITY-S1-ZIP	Y	179
 I hereby certify that the information supplied indicated on this annual report or supplied 	intal annual report is true and acci	rate and that my signat	ture shall have the same legal effect as if made	under eath, that I am an
officer or director of the corporation or the r Block 12 or Block 13 if changes or on an a	egeiver of Infisted empowered to 🗷	execute this report as re	quired by Chapter 607, Florida Statutes; and th	at my name appears in
	-11-1			