SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$75					SER 30, 1 TE: \$750).	1998.	APPROYEG AND		
COR	PROFIT PORATION	FLORIDA DEPARTME Sandra B. Mor		ortham,			FILED 98 OCT 26 PM 3: 08		
	ANNUAL REPORT Secretary of State						20 001 20 TH 3: 00		
1998 DIVISION OF CORPORATIONS						SECRETARY OF STATE			
DOCUMENT # F9500005830 (3)							TALLAHASSEE. FLORIDA		
SOUTHERN CERTIFIED LIQUIDATORS INC.									
;									
Principal Place of Business Mailing Address							i i barrada nicik i Brikr Brikr, Barlir Barrir Ballir adrirr berizr fatter fürlir geri resul		
3344 LAUREL DALE DR 3344 LAUREL DALE DR									
TAMPA FL 33618 TAMPA FL 33618						-	DO NOT WRITE IN THIS SPACE		
						Ī	3. Date Incorporated or Qualified		
							11/30/1995		
21	ace of Business	2a. Mailing Address 26					4. FEI Number Applied For NOT APPLICABLE Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip Cour			ntry		8. This corporation owes or has paid the current year Intangible		
24	25 29 30			Personal Property Tax due June 30. Yes No					
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
WOLFE, LARRY				81	Name				
200-A JOHN KNOX ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32303-6643				83					
				84	City	■ 85 Zip Code			
					_	[-L '			
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required									
12.	OFFICERS AND DIRECTORS 13 DCP DELETE 1.1			7 F			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	E DE LA COLLEGA			1.2 NAME			800002676008—4		
STREET ADDRESS				1.3 STREET ADDRESS			-10/29/9801036007		
CITY-ST-ZIP	TANDA EL COCCO			1.4 CMY-ST-ZIP			****150.00 ****150.00		
TITLE				2.1 TITLE			Change Addition		
NAME			2.2 NA	2.2 NAME					
			2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP				2.4 CITY-ST-ZIP			~		
TITLE NAME				3.1 TITLE 3.2 NAME			Change Addition		
				3 STREET ADDRESS		`			
				3.4 CITY-ST-ZIP					
TITLE DELETE 4.1						Change Addition			
				4.2 NAME					
STREET ADDRESS 4.				4.3 STREET ADDRESS					
				4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TIT	LE	I		Change Addition		

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/enpowered 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:

| 14. | I hereby certify that the Information 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/enpowered 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.

| 15. | 16. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. |

5,2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLS.

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

813-264-5715

Change Addition

SOUTHERN CERTIFIED LIQUIDATORS, INC.

3344 Laurel Dale Dr. Tampa, FL 33618 813-264-5715

Divsion of Corporations Annual Reports Filings PO. Box 1500 Tallahassee, FL 32302-1500

October 20,1998

Dear Sirs,

'n

I recently received your 10/12/98 response to my 9/21/98 letter in regards to the 1998 Profit Corporation Annual Report.

I'm sincerely asking your office again to reduce or waive my late fee. Since my small business has not taken off as I hoped, I'm not generating enough income to cover the substantial late fee. Enclosed is a check for \$150.00 along with the corresponding paperwork. This is all I can afford to pay at this time. Again, I'm sorry if this oversight has caused any inconvenience for your office. Thank-you for your time and consideration.

Sincerely,

Thomas L. Redding

Southern Certified Liquidators, Inc.

FEI# 59-3345403

Document # F95000005830 (3)