

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002491 (6)

1. Corporation Name
LIQUIDATION COLLECTIONS, INC.

Principal Place of Business

**PO BOX 660237
DALLAS TX 75266-0237**

Mailing Address

**PO BOX 660237
DALLAS TX 75266-0237**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report Applied For Not Applicable
4. FEI Number 38-3273165		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES S	1.2 NAME	
STREET ADDRESS	250 CARPENTER FWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONE, THOMAS R	2.2 NAME	
STREET ADDRESS	250 CARPENTER FWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, JAY E	3.2 NAME	
STREET ADDRESS	250 CARPENTER FWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOHN F	4.2 NAME	
STREET ADDRESS	250 CARPENTER FWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Asst. VP & Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, R STEPHEN	5.2 NAME	Patrick J. Greene
STREET ADDRESS	250 CARPENTER FWY	5.3 STREET ADDRESS	250 Carpenter Freeway
CITY-ST-ZIP	IRVING TX 75062	5.4 CITY-ST-ZIP	Irving, TX 75062
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLEN, H JAMES	6.2 NAME	
STREET ADDRESS	250 CARPENTER FWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75062	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 included 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:

Patrick J. Greene Asst. vP & Asst. Secretary 04/20/97 (972) 652-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)