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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002491 (6)

LIQUIDATION COLLECTIONS, INC.

Principal Place of Business	Mailing Address
PO BOX 660237	PO BOX 660237
DALLAS TX 75268-0237	DALLAS TX 7521

**FILED** Mar 09 1998 8:00am Secretary of State



PO BOX 660237 DALLAS TX 75268-0237			PO BOX 660237 DALLAS TX 75266-0237			DO NOT WRITE IN THIS SI	PACE PACE
						3. Date Incorporated or Qualified 05/17/1996	
2. Principal Place o	of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For
i]		26				38-3273165	Not Applicable
Suite, Apt. #, etc. Suite, Apt. 6		Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stat	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip I	Country 25	7 <sub>IP</sub>	Zip Country			8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY		61	Name				
1201 HAYS STREET TALLAHASSEE FL 32301-2525		82	Street Address (P.O. Box Number is Not Acceptable)				
				83			
				84	City	FL	85 Zip Code
<ol><li>Pursuant to the</li></ol>	provisions of Sections 607.0	0502 and 607,1508, Flo	rida Statutes, the a	bove	e-named corpo	pration 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 profest certain of registered agent and life if apply all le (NOTE Registered Agent signature required when reinstating) DATE							
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DV DELET	E 1.1 TITLE	Change 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 DELET	E 2.1 TITLE	☐ Change ☐ Addition				
NAME	SLONE, THOMAS R	2.2 NAME					
STREET ADDRESS	250 CARPENTER FWY	2.3 STREET ADDRESS	$\sim$				
CITY-ST-ZIP	IRVING TX 75062	2. 4 CITY - ST - ZIP	·				
TITLE	DV DELET	E 3.1 TITLE	Change Addition				
NAME	SPRINGER, JAY E	3.2 NAME					
STREET ADDRESS	250 CARPENTER FWY	3.3 STREET ADDRESS					
CITY-ST-ZIP	IRVING TX 75082	3.4. CITY - ST - ZIP					
TITLE	VT DELET	E 4.1 TITLE	Change 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	AVPS DELET	E 5.1 TITLE	☐ Change ☐ Addition				
NAME	GREENE, PATRICK J	5.2 NAME					
STREET ADDRESS	250 CARPENTER FWY	5.3 STREET ADDRESS					
CITY-ST-ZIP	IRVING TX	5.4 CITY+ST-ZIP					
TITLE	V DELET	E 6.1 TITLE	☐ Change ☐ Addition				
NAME	FULLEN, H JAMES	6.2 NAME					
STREET ADDRESS	250 CARPENTER FWY	6.3 STREET ADDRESS					
CITY-ST-ZIP	IRVING TX 75062	O DESERVED					

by the purpose of stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the same legal effect as if made under eath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in