


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 07 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 # **F96000005854 (2)**
 1. Corporation Name
DEBT LIQUIDATORS, INC.



Principal Place of Business 8000 ARLINGTON EXPRESSWAY, SUITE 400 JACKSONVILLE FL 32211	Mailing Address 8000 ARLINGTON EXPRESSWAY, SUITE 400 JACKSONVILLE FL 32211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1996		3a. Date of Last Report	
21		26	5425 Robin Hood Rd.	4. FEI Number 54-1814411		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27	101B	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28	Norfolk, VA				
24	Zip	25	Country	29	Zip	30	Country
					23513		USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAY, RONALD G	1.2 NAME	
STREET ADDRESS	5425 ROBIN HOOD ROAD, SUITE 101-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23513	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, ROBERT S JR	2.2 NAME	
STREET ADDRESS	5425 ROBIN HOOD ROAD, SUITE 101-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23513	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, MARY E	3.2 NAME	
STREET ADDRESS	5425 ROBIN HOOD ROAD, SUITE 101-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23513	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALNAN, JOHN W	4.2 NAME	TV
STREET ADDRESS	7000 INFANTRY RIDGE ROAD, SUITE 200	4.3 STREET ADDRESS	David W. Karsten
CITY-ST-ZIP	MANASSAS VA 22110	4.4 CITY-ST-ZIP	5425 Robin Hood Rd. #101B
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, JOHN M JR	5.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLACE, SUITE 2000	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S
STREET ADDRESS		6.3 STREET ADDRESS	Fletcher A. Cooke
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5425 Robin Hood Rd. #101B

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 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.

SIGNATURE _____ 7/21/97 (757) 858-4054

CR2E034 (4/97)