

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

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**

DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---------------------------|
| TITLE | DVS | 1.1 TITLE | |
| 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 | 2.1 TITLE | |
| 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 | 3.1 TITLE | |
| 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 | 4.1 TITLE | TV |
| NAME | CALNAN, JOHN W | 4.2 NAME | David W. Karsten |
| STREET ADDRESS | 7000 INFANTRY RIDGE ROAD, SUITE 200 | 4.3 STREET ADDRESS | 5425 Robin Hood Rd. #101B |
| CITY-ST-ZIP | MANASSAS VA 22110 | 4.4 CITY-ST-ZIP | Norfolk, VA 23513 |
| TITLE | AS | 5.1 TITLE | |
| 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 | | 6.1 TITLE | S |
| NAME | | 6.2 NAME | Fletcher A. Cooke |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 5425 Robin Hood Rd. #101B |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Norfolk, VA 23513 |

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)