

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 5425 ROBIN HOOD RD SUITE 101-B NORFOLK VA 23513 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business 5425 ROBIN HOOD RD	2a. Mailing Address
Suite, Apt. #, etc. 101B	Suite, Apt. #, etc.
22 City & State NORFOLK, VA	27 City & State
Zip 23513	Country US

3. Date Incorporated or Qualified 11/08/1996	
4. FEI Number 54-1814411	Applied For Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current 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 Zip Code	

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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DVS <input type="checkbox"/> DELETE
NAME	TRAY, RONALD G
STREET ADDRESS	5425 ROBIN HOOD ROAD, SUITE 101-A
CITY-ST-ZIP	NORFOLK VA 23513
TITLE	DP <input type="checkbox"/> DELETE
NAME	RALEY, ROBERT S JR
STREET ADDRESS	5425 ROBIN HOOD ROAD, SUITE 101-A
CITY-ST-ZIP	NORFOLK VA 23513
TITLE	AS <input type="checkbox"/> DELETE
NAME	MCINTYRE, MARY E
STREET ADDRESS	5425 ROBIN HOOD ROAD, SUITE 101-A
CITY-ST-ZIP	NORFOLK VA 23513
TITLE	TV <input checked="" type="checkbox"/> DELETE
NAME	KARSTEN, DAVID W
STREET ADDRESS	5425 ROBIN HOOD RD #101B
CITY-ST-ZIP	NORFOLK VA
TITLE	AS <input type="checkbox"/> DELETE
NAME	PARIS, JOHN M JR
STREET ADDRESS	ONE COMMERCIAL PLACE, SUITE 2000
CITY-ST-ZIP	NORFOLK VA 23510
TITLE	S <input type="checkbox"/> DELETE
NAME	COOKE, FLETCHER A
STREET ADDRESS	5425 ROBIN HOOD RD #101B
CITY-ST-ZIP	NORFOLK VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/V/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/T
4.3 STREET ADDRESS	CRAIG D POPPEN
4.4 CITY-ST-ZIP	5425 ROBIN HOOD RD. #101B
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:  **RONALD G TRAY 3/10/98 (757) 950-1051**

CR2E034 (10/97)