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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

| DOCUN 1. Corporation | | 18 (7) | | | | | | |
|--|--|---|-----------------------------|---|---|--|---|--------------------------------------|
| SOUTI | HERN STOCK LIQUIDATOR | S, INC. | | | |) MARIJANI ALIA MANU MANU MANU MANU MANU MANU M |)) 8 1 (8 11 8 1) | Til Gråll Blait Arau Alder Stått 183 |
| Principal Place of Business Mailing Address | | | | | | | | |
| C/O JEFFREY S. DILL 585 MCCRACKEN ROAD LAKE HELEN FL 32744 | | C/O JEFFREY S. DILL 585 MCCRACKEN ROAD | | | | | | |
| | | LAKE HELEN FL 32744 | | 3. Date Incorporated or Qualified 06/22/1989 | 3a. [| Date of Last Report 05/01/1995 | | |
| 2. Prneipal Plac | ce of Business | 2a. Mailing Address | ¬ ~ | | | 4. FEI Number 59-2964091 | | Applied For Not Applicable |
| Suite, Apt # | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| Orty & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| Zigi] | Country 25 | Ζφ 29 | 30 | untry | | 8. This corporation has liability for Florida Statutes | intangibl | |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Name and Address of New F | legister | ed Agent |
| DILL, JEFFREY S. 585 MCCRACKEN ROAD LAKE HELEN FL 32744 | | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptate | ole) | |
| | | | | 83 | · • • · · · · · · · · · · · · · · · · · | | | |
| | | | | 84 | City | | F | 85 Zip Code |
| IGNATURE 5. 2. | specture, typed or printed rame of regional reports OFFICERS AND PST | | OTE Registered 13. | | signature requi | rio1 wien recisioning: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change | | ND DIRECTORS IN 12 |
| AME REET AUDRESS 14 - S1 - ZIP | DILL, JEFFREY S. 585 MCCRACKEN ROAD LAKE HELEN FL | | 13 S | PINAME STREET ADDRESS CITY-ST-ZIP | | | | |
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| ME HIFT ADDRESS | | | 22 N 23 S | | AODR:SS | | | |
| Tr - ST - ZIP | | | 24 C | IY-SI | | | · · · · · · · · · · · · · · · · · · · | |
| r. f ME | | □ DELETE | 3 1 T 3 2 N | | ļ | | | Change Addition |
| RE: LADORESS TY-ST-ZP | | | 1 | THEFT | ADOFESS | | | |
| LF. | | DELETE | 4.11 | | | | | ☐ Change ☐ Addition |
| ME HEEF ACKRESS | | | 42 N/ 43 S1 | | ADDRESS | | | |
| Y-ST-7P | | 57.61.61 | 440 | 11 - SI | | | | |
| tf M- | ☐ OET€1F | | | 5 1 TITLE 5 2 NAME | | | | Change Addition |
| RELIADORESS | | | | | ADDRI.SS | | | |
| 1Y - \$1 - Zift LF | | DELETE | 5 4 CiTy 6 1 TiT | | - 21P | | | Change Addition |
| Mi | | | 62 N | | | | | _ |
| HELL ADORESS | | | - 1 | | ADDRESS | | | |
| certify that t | he information indicated on this annua | il report or supplemental and | nished and nual report i | is true | not qualify and accur | for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, Fi | same le | gal effect as if made und |

SIGNING OFFICER OF DIRECTOR