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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L46507

(4)

LIQUIDATORS WAREHOUSE, INC.

12880 SW 9TH PLACE DAVIE FL 33325	40000 CHI OTH BLACE	Principal Place of Business Mailing Address							
DAVIE FL 33325	12880 SW 9TH PLACE								
	DAVIE FL 33325-5517								
				Date Incorporated or Qualified 01/31/1990	3a. Date of 01/22/1				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied Fo)r		
21	26			NOT APPLICABLE		Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8	3.75 Additions	 }		
22	27			5. Certificate of Status Desired	<u></u>	Fee Required			
City & State	City & State			6. Election Campaign Financing	\$	5.00 May Be			
23	28	1 2		Trust Fund Contribution		Added to Fees			
Zip Country	Zip	Cou	ntry	8. This corporation has liability for it			2,		
24 25 9. Name and Address of Current	29	30		L	Yes 🖸 No				
DARVILLE, CRAIG	registered Agent		81 Name	10. Name and Address of New Re	jisterea Agen	<u> </u>			
12880 SW 9TH PLACE									
FT LAUDERDALE FL			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)				
I I LAUDLIUMEL I L			83						
			84 City		FL 85	Zip Code			
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508. Florida Stat	utes the a	ove-pamed cor	poration submits this statement for the n	FL	aina ita rapiata	rod		
office or registered agent, or both in the State agent. I am familiar with, and accept in obliga	of Florida. Such change was	s authorize	d by the corpora	ation's board of directors. I hereby accep	t the appointm	ient as registeri	ed		
/// N/ / N/F7	tions of, Reaction 607,0505, F	Florida Stal	utes.	Tal	1291	097.			
SIGNATURE Storioture typed or printed many of a referred ager	nt and title if applicable (NC	OTF: Registere	Agent signature regu	when reinstaling)	1 27 /	7//			
12. OFFICERS AND		13.	- Barris all and a radio	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	ECTORS IN 12			
тице Р	DELETE	1.1 Ti	ΓL€			hange Add	dition		
NAME DARVILLE, CRAIG		1.2 N	ume .						
STREET ADDRESS 12880 SW 9TH PLACE		1.3 \$	REET ADDRESS						
CITY-ST-ZIP DAVIE FL		1.4 CI	TY-ST-ZIP	. Ma					
TITLE D	DELETE	2.1 T	TLE			Change Add	fition		
NAME DARVILLE, KEN		2.2 N	ME.	₩.	چا ه <u>ې</u>				
STREET ADORESS 12880 SW 9TH PLACE	•	2.3 \$1	REET ADDRESS						
CITY-ST-ZIP DAVIE FL		2.40	ITY - ST - ZIP						
TITLE D	☐ DELETE	3.1 Ti	TLE .			Change Add	Jition		
NAME DARVILLE, R.D.		3.2 N	MM€						
STREET ADDRESS 12880 SW 9TH PLACE		3.3 \$1	REET ADDRESS						
COY-ST-ZIP DAME FL			ITY - ST - ZIP						
TITLE D	☐ DELETE	4.1 Ti	TL€			Change Add	lition		
NAME DARVILLE, K.R. STREET ADDRESS 12880 SW 9TH PLACE		4. 2 N							
DAME EI		4.3 S	REET ADDRESS						
	Doctor		TY-ST-ZIP		— П				
	LI DELETE	5.1 Ti	1	1	[] C	Change [] Add	lition		
		5.2 N	i						
DARVILLE, W.H.			REET ADDRESS						
NAME DARVILLE, W.H. 12880 SW 9TH PLACE									
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DARVILLE, W.H. 12880 SW 9TH PLACE DAVIE FL	d with this filing does not give	6.1 TI 6.2 No 6.3 ST 6.4 CI	TLE ME REET ADDRESS TY-ST-ZIP Exemption state	nd in Section 119 07(31(i) Florida Statute	. I further certi	ity that the			