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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

Suite, Apt. #, etc.

City & State

22

24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** # 1. Corporation Name

LIQUIDATORS WAREHOUSE, INC.

Principal Place of Business	Mailing Address	
12880 SW 9TH PLACE DAVIE FL 33325	12880 SW 9TH PLACE DAVIE FL 33325	

**FILED** Mar 10 1998 8:00am Secretary of State

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Place of Business Mailing Address				1 sagriati eit åtdia attal ditti datet tidet åtdit åtdit a	ı tanının ett erdin atrat drint abtet tant bildt arbit erbit erbit erbit erbit			
V 97H PLACE 12880 SW 97H PLACE 33325 DAVIE FL 33325				DO NOT WRITE IN THIS SPACE				
	<u>.</u>			3. Date Incorporated or Qualified 01/31/1990				
al Place of Business	2a. Mailing Add	dress		4. FEI Number	Applied For			
	26			NOT APPLICABLE	Not Applicable			
Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
State	City & State	)		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Country 25	Ζφ <b>29</b>	Countr 30	'y	This corporation owes or has paid the curre     Personal Property Tax due June 30.	ent year Intangible			
g, Name and Address of	<b>Current Registered Agent</b>			10. Name and Address of New Registered A	gent			
DARVILLE, CRAIG 12880 SW 9TH PLACE FT LAUDERDALE FL			Nam	е				
			Stree	treet Address (P.O. Box Number is Not Acceptable)				
		e:	1					

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, typid or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE											
12.	Signature, typico or printed harve of registered agent and title it application.  OFFICERS AND DIRECTORS		Registered Agent signature		DATE ES TO OFFICERS AN	DIDECTOR	C IN 40				
TITLE	P OF TOCKS AND DIST CTORS	DELETE	1.1 TITLE	ADDITIONS/CHANG	ES TO OFFICERS AN	Change	Addition				
NAME	DARVILLE, CRAIG		1.2 NAME	to order in the	miles A		, 100,000				
STREET ADDRESS	12880 SW 9TH PLACE		1.3 STREET ADDRESS	DARVILLE A 121880 S.W. 9K	TDINA M	Ļ					
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	DAVIE FL. S	. Tlace		]				
TITLE	n	DELETE	21 TITLE	STATE FL. 33	324	Change	Addition				
NAME	DARVILLE, KEN		2.2 NAME	7/2	· 14	E Change	THOUSING!				
STREET ADDRESS	12880 SW 9TH PLACE		2.3 STREET ADDRESS	DAKVILLE W	Fi						
CITY-ST-ZIP	DAVIE FL			DARVILLE W 121880 S.W.91 DAVIE FL.3	WALACE						
TITLE	DAVIC 1E	DELETE	2. 4 City-St-ZiP 3.1 Title	DAVIE FL.3	SEPS .	Change	Addition				
NAME	DARVILLE, R.D.	_ Ditte	3.2 NAME			LJ Onlange	L_ Addition				
STREET ADDRESS	12880 SW 9TH PLACE										
	DAVIE FL		3 3 STREET ADDRESS								
CITY-ST-ZIP TITLE	DAVIETE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition				
NAME	DARVILLE, K.R.	C. Deterie	4. 2 NAME			[] Cuantic	Magazini				
	12880 SW 9TH PLACE			i			İ				
STREET ADDRESS	DAVIE FL		4.3 STREET ADDRESS								
CITY-ST-ZIP TITLE	ST ST	DELFTE	4.4 CITY - ST - ZIP			I T Change	Addition				
	DARVILLE, W.H.	L DELTTE	5.1 TITLE			Change	LT Addition				
NAME			5.2 NAME			•					
STREET ADDRESS	12880 SW 9TH PLACE		5.3 STREET ADDRESS								
CITY-ST-ZIP	DAVIE FL	T OUTT	5.4 CITY-ST-ZIP			F-1 2.	The state of				
TITLE		DELFTE	6.1 TITLE			Change	Addition				
NAME			6.2 NAME				}				
STREET ADDRESS			6.3 STREET ADDRESS	,			-				

14. Thereby 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 true or 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 orying affacts from with an address.

SIGNATURE:

PARVILLE W.H.3-3-98

Zip Code

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