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Mar 10 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 # L46507 (4)
1. Corporation Name
LIQUIDATORS WAREHOUSE, INC.

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

Mailing Address
12880 SW 9TH PLACE
DAVIE FL 33325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DARVILLE, CRAIG
12880 SW 9TH PLACE
FT LAUDERDALE FL

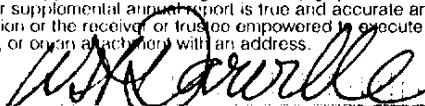
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ST
NAME	DARVILLE, CRAIG	1.2 NAME	DARVILLE ADINA A.
STREET ADDRESS	12880 SW 9TH PLACE	1.3 STREET ADDRESS	12880 S.W. 9K. PLACE
CITY - ST - ZIP	DAVIE FL	1.4 CITY - ST - ZIP	DAVIE FL. 33325
TITLE	D	2.1 TITLE	VIC.
NAME	DARVILLE, KEN	2.2 NAME	DARVILLE W.H.
STREET ADDRESS	12880 SW 9TH PLACE	2.3 STREET ADDRESS	12880 S.W. 9K. PLACE
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	DAVIE FL. 33325
TITLE	D	3.1 TITLE	
NAME	DARVILLE, R.D.	3.2 NAME	
STREET ADDRESS	12880 SW 9TH PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	DARVILLE, K.R.	4.2 NAME	
STREET ADDRESS	12880 SW 9TH PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	
NAME	DARVILLE, W.H.	5.2 NAME	
STREET ADDRESS	12880 SW 9TH PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  DARVILLE W.H. 3-3-98 954-475 0640

CR2E034 (10/97)