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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M33058

(2)

Mailing Address

BANKRUPT STOCK LIQUIDATORS, INC.

FILED
Jan 15 1997 8:00am
Secretary of State

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FT. LAUDERDA		FT. LAUDERDALE FL 333							
US		US			3. Date Incorporated or Qualified 06/03/1986	3a. Date o		eport	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1		plied For	1
21		26	26		59-2728650		No	t Applicable	
Suite, Apt.		Suite Apt. #, etc.	1		5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required		
City & State	0	City & State			6. Election Campaign Financing		\$5.00		
<b>23</b> Zip	Country	28] Zip	Cou	nter i	Trust Fund Contribution	<u> </u>	Added to Fees		
24	25	29	30	wy		y for intangible tax under s. 199.032,  Yes No			
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Re				ĺ
SOF	ROTA, ALAN			81 Name					
	N.W. 165 TH STREET		}	62 Street Add	dress (P.O. Box Number is Not Acceptat	alo)			
	NW 169TH STREET			Juleet Add	press (F.O. box radifiber is fact Acceptat	же			1
MIA	MI FL 33169		Ī	83					
1			}	84 City		8	5 Zip C	`aho	┨
				,		PL	· ·		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was :	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of cha pt the appoint	inging its nent as	registered registered	
SIGNATURE.									
12.	Signifure, type a or practed name or registered.  OF CIDE DO:	agest and title if applicable (NOT AND DIRECTORS	E: Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ECTOR	2 IAI 10	\
TOTLE	PD	DELETE	1,1 7(1	I.F.	ADDITIONS/CHANGES TO OFFIC		Change	Addition	CR2E034 (9/96)
NAME	SOROTA, JOSEPH		1.2 NA						4
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CiTY-ST-ZIP	FT. LAUDERDALE FL			Y-ST-ZIP					띯
THTLE	STD	DELETE	2.1 TIT				Change	Addition	Ö
NAME	LEVENTHAL, INA		2.2 NA	ME					ŀ
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NAME		[ ] OLLEIE	4.1 TiT 4.2 N/			لــا	CHANGE	L Addition	
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14. I do 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 attaching with an address.

SIGNATURE:

CHAILE AND TYPING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

w. ilyl

954-928 - 0818