

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

**FILED**  
**Feb 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000006375 (8)**

1. Corporation Name  
**SURPLUS SALES INVENTORY, INC.**



Principal Place of Business

Mailing Address

**500 N MAITLAND AVENUE  
 SUITE 203  
 MAITLAND FL 32751**

**P O BOX 841118  
 MAITLAND FL 32794-1118**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHITTEMORE, THOMAS G  
 1702 INVERNESS COURT  
 LONGWOOD FL 32779**

3. Date Incorporated or Qualified

**01/19/1993**

3a. Date of Last Report

**03/11/1996**

4. FEI Number

**59-3159006**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
 Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

**1702 IVERNESS COURT**

64 City

**FL**

65 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:

Signature: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
 NAME **WHITTEMORE, THOMAS G**  
 STREET ADDRESS **1702 INVERNESS COURT**  
 CITY-ST-ZIP **LONGWOOD FL**

11 TITLE **PST**  Change  Addition  
 12 NAME  
 13 STREET ADDRESS **1702 IVERNESS COURT**  
 14 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **ST**  DELETE  
 NAME **WHITTEMORE, EMILY F**  
 STREET ADDRESS **1702 INVERNESS COURT**  
 CITY-ST-ZIP **LONGWOOD FL**

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: **Thomas G Whittemore**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/97** **4075390188**  
 Date Daytime Phone #

CR2E034 (9/96)