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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400051364

1. Corporation Name

FEDERAL LIQUIDATION TRUSTEE, INC.

Principal Place	of Business	Mailing Address						I (HEI) SEEL THE SEELS						
1751 W. COPANS RD. POMPANO BEACH FL 33069			P.O. BOX 10434 POMPANO BEACH FL 33030											
								DO NOT WRITE IN THIS SPACE						
							1 '	e Incorpora 12/1994	ted or Qualr	fed				
2. Principal Place of Business			2a. Mailing Address					4. FEI Nu nber				Apr	ed For	
21			26			65-	65-0503780				No	Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						 d □	\$8	.75 A	c ditional		
22			27			3. Cen	arca te or St	atus Desire	,		Fee Re	quired		
City & Siate			City & State			6. Elec	tion Campa	aign Financi	ing	\$	5.00	May Be		
23			28			Trus	at F and Cor	tribution		F	Added to	Fees		
Zip Coun ry			Zip Country			8. This	corporatio	n owes the	current year I	ntangibl	ie			
24 330V	25 کا م		1 ما ن 33 29	30			Pers	son al Prope	rty Tax.		Y	es	[]No	
	9. Name and Addi	ess of Current	Registered Agent				10. Nar	ne and Ad	dress of Ne	w Registere	1 Agen	t		
					81	Name								
GLYNN, JAMES P					82	Street	Address (P.O. F	Rox Numbe	Number is Not Acceptable)					
17:51 W COPANS ROAD #7			•			Oll CCL 7		JOX / TUITING		ор.шо.о,				
POMPANO BEACH FL 33064														
					84	City				F	85	Zip C	ode	
										•	_	<u> </u>		
11. Pursuant to office or reagent. Lar	to the provisions of Sec egistered agent, or both m familiar with, and acc	tions 607.0502 , in the State o ept the obligation	and 607.1508, Florida Statu Florida. Such charge was ons of, Section 607.0509, F	nes, the a Dthorized da Stat	bove by utes	e-named the corpo	co poration sub pration's board	mits this st of directors	atement for . I hereby a	the purpose of accept the app	or chang pintmen	it as reç	ristered	
SIGNATURE				08:0										
SIGNATURE	Signature, typed or printed name		and title if applicable. (NOT	t : Registered	Ägen	t signature re	equired when reinstat			DATE				
12.		FFICERS AND		of St		e	ADDI	TIC NS/CH	ANGES TO	OFFICERS A				
TITLE	P		☐ DELETE	1.1 TI	TLE						Пс	Change	☐ Addition	
NAME	GLYNN, JAMES P			1.2 N/	AME]								
STREET ADDRESS	1751 W. COPANS			1.3 S ¹	REET	ADDRESS								
CITY-ST-ZIP	POMPANO BEACH	FL 33069		14 C	TY-S	r-ZIP							<u></u>	
TITLE			☐ DELETE	2 1 TI	TLE						□ c	Change	☐ Addition	
NAME				2.2 N	AME									
STREET ADDRESS				2.3 S	TREET	ADDRESS								
CITY-ST-ZIP				2 4 0	ITY-S	T-ZIP								
TITLE			☐ DELETE	3 1 TI	TLE							Change	Addition	
NAME				32 N/	AME									
STREET ADDRESS				33S	TREE1	ADDRESS								
CITY-ST-ZIP				3.4. C	iTY-S	T-ZIP								
TITLE			☐ DELETE	4 1 TI	TLE							Change	Addition	
NAME				4. 2 N	AME									
STREET ADDRESS				4.3 S	TREET	ADDRESS								
CITY-ST-ZIP				4.4 C	ITY-S	Γ-ZIP								
TITLE			☐ DELETE	5.1 TI								Change	Addition	
NAME				5.2 N	AME									
STREET ADDRESS				5.3 S	TREET	ADDRESS								
CITY-ST-ZIP				5.4 CI	TY-\$	T-ZIP								
TITLE			☐ DELETE	6.1 TI	TLE							Change	Addition	
NAME			/	6.2 N	AME									
STREET ADDRESS		,	///	6.3 %	TREET	ADDRESS							ļ	

SIGNATURE:

14. I hereby certify that the information indicated on this annual report or sofficer or director of the corporated Block 12 or Block 13 if changed

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

polied with this f

954-970-1311

loss per qualify for the exemption stated in Section 119.07·3)(i), Florida Statutes. I further certify that the information it is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to ∈xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90234 037 ***150.00