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 # P9400093300

1. Corporation Name

WORLDWIDE SALES & LIQUIDATIONS, INC.

Princi	ipal Pl	ace of	Busin
1735 \	VAMO	DRIVE	×

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90074 003 ***150.00



1735 VAMO DRIVE 🗡 Sarasota Fl 34231	1735 VAMO DRIVE SARASOTA FL 34231		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 01/02/1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1 6336 HOLLYWOOD BLYD	26		65-0544433	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State SARASOTA FL	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 4 34231 25 SARASOTA	Zip Cou	untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes & No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
COYLE, ALANA L // 1735 VAMO DRIVE * SARASOTA FL 34231 //		6336 83	ss (P.O. Box Number is Not Acceptable) 州のレビアルののよ Вレル	Log I To Code		
		84 City	F]	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: R	egistered Agent signature r	equired when reinstating)	DATE	·····	 [
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PVPS DELETE	1,1 TITLE			🕍 Change	☐ Addition
NAME	FINE, JEFFREY J	1.2 NAME	.,	_		
STREET ADDRESS	1735 VAMO DRIVEY	1.3 STREET ADDRESS	1336 HOLLYWOOD	BLUD		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP				
TITLE	D DELETE	2.1 TITLE			Change	☐ Addition
NAME	COYLE, ALANA L	2.2 NAME				
STREET ADDRESS	1735 VAMO DRIVE &	2.3 STREET ADDRESS	6336 HOLLYWOOD	BLVD		
CITY-ST-ZIP	SARASOTA FL 34231	2. 4 CITY+ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADORESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY+ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		6.2 NAME				}
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CiTY-ST-ZIP	1: 0 F 440 07/0/0 Florida Cha		28 11 11 1	<u> </u>

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, with all other like empowered.

SIGNATURE: