

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085922 (9)

1. Corporation Name

SUN LIQUIDATORS, INC.



Principal Place of Business

2220 NORTHEAST 49TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

2220 NORTHEAST 49TH STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

21 6278 N. FED. HWY.

State, Apt. #, etc.

22 SUITE 189

City & State

23 FT. LAUDERDALE, FL.

Zip

24 33308

Country

25 BROWARD

2a. Mailing Address

26 6278 N. FED. HWY.

State, Apt. #, etc.

27 SUITE 189

City & State

28 FT. LAUDERDALE, FL.

Zip

29 33308

Country

30 BROWARD

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

4. EIN Number

65-0619174

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

HARRY F. GEIST III

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

2220 N. E. 49TH STREET

83

84

CITY LIGATHOUSE, P.T.

FL

85

Zip Code

33064

11. Pursuant to the provisions of Sections 607.01(2) and 607.1505, Florida Statutes, the above named corporation hereby files 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 duties of a registered agent under s. 607.01, Florida Statutes.

SIGNATURE

Harry F. Geist III

PRESIDENT HARRY F. GEIST III

4-1-96

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME GEIST, HARRY F III
STREET ADDRESS 2220 NORTHEAST 49TH STREET
CITY-STATE-ZIP LIGATHOUSE POINT FL 33064

☐ DELETE

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

☐ Change ☐ Addition

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief. I am not qualified to be the registered agent in Section 119.01(2)(a), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 a valid change and an address.

SIGNATURE *Harry F. Geist III* HARRY F. GEIST III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

954-442-5280

954-428-3301

CR2E034 (12/95)