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Jan 29 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 # P95000087268 (5)

1. Corporation Name
HOTEL LIQUIDATOR GROUP INC.

Principal Place of Business
18409 PAULSON DRIVE
PORT CHARLOTTE FL 33954

Mailing Address
18409 PAULSON DRIVE
PORT CHARLOTTE FL 33954-1022



3. Date Incorporated or Qualified 11/13/1995
3a. Date of Last Report 03/19/1996

2. Principal Place of Business
21 18505 PAULSON DRIVE
Suite, Apt. #, etc.
22 UNIT E
City & State
23 PORT CHARLOTTE FL
Zip
24 33954
Country
25 USA

2a. Mailing Address
26 18505 PAULSON DRIVE
Suite, Apt. #, etc.
27 UNIT E
City & State
28 PORT CHARLOTTE FL
Zip
29 33954
Country
30 USA

4. FEI Number 65-0624706
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RICKERT, DALE
18409 PAULSON DRIVE
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME RICKERT, DALE
STREET ADDRESS 22287 AUGUST
CITY-ST-ZIP PT CHARLOTTE FL
TITLE VP
NAME RICKERT, DENNY
STREET ADDRESS 1515 FORREST NELSON BLVD M206
CITY-ST-ZIP PT CHARLOTTE FL
TITLE ST
NAME SCHMELEFSKE, KRIS
STREET ADDRESS 1515 FORREST NELSON BLVD M206
CITY-ST-ZIP PT CHARLOTTE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ST
3.2 NAME RICKERT, KRIS
3.3 STREET ADDRESS 1515 FORREST NELSON BLVD M206
3.4 CITY-ST-ZIP PT CHARLOTTE FL
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *[Signature]* 1/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)