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

PROFIT CORPORATION **ANNUAL REPORT**

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS **FILED**

May 06 1997 8:00am

Secretary of State

DOCUMENT # P96000038926 (7)

INTERNET LIQUIDATORS USA, INC.

<u> </u>						
Principal Place of Business Mailing Address				1 (62) (63) (10 (8):0 E):14 E81:1 481:1 081(1 80) 08 (40) 18472 (40) 41(1 10)		
SUITE SOO		550 NORTH REO STREET SUITE 300				
		TAMPA FL 33609-1065				
	***			3. Date Incorporated or Qualified 3a. D 05/06/1996	ate of Last Report	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1		26 5915 AIRA	oer Rd	59-3376739	Not Applicabl	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27 330		5. Certificate of status desired	Fee Required	
City & Stat	le	City & State	0 \	6. Election Campaign Financing	\$5.00 May Be	
3		28 MISSISSAUC	OISTATUU . Et.		Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible		
4	25	29 LHV 171	30 CAUMDA	Florida Statutes Yes	- -	
	9. Name and Address of Curre	aur uodistatan Wäsur	81 Name	10. Name and Address of New Registered	Myent	
	MEE, RA					
501 EAST KENNEDY BLVD. SUITE 1700			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
			83			
IAI	MPA FL 33602					
			84 City	FL	85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature requ	red when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELETE	1.1 Talle	TIDDITIONO, OF INTIGEO VO OF TIDESTO THE	☐ Change ☐ Additio	
NAME	GODIN, PAUL		12 NAME		· -	
STREET ADDRESS	550 NORTH REO ST. SUTIE	300	1.9 STREFT ADDRESS	•		
CITY-ST-ZIP	TAMPA FL 33609-1013		14 011Y - ST - ZIP			
TITLE	D	, DELETE	21 TITLE		☐ Change ☐ Additio	
NAME	LYMBURNER, JEFF		2.2 NAME			
STREET ADDRESS	550 NORTH REO ST. SUTIE	300	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33809-1013	Decision	2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME OTDEET ABORESE			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY-ST-7IP 4.1 TITLE		Change Addition	
NAME		Prof. orace of	4.2 NAME	ï		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-SI-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP			
TITLE		DELETE	6.1 1ITLE		Change Addition	

I do hereby certify that the information supplied with this filing does not qualify for the examption 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 annual ment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME