

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000038926 (7)

1. Corporation Name

INTERNET LIQUIDATORS USA, INC.



Principal Place of Business

550 NORTH REO STREET
SUITE 300
TAMPA FL 33609-1013

Mailing Address

5919 AIRPORT ROAD
STE #330
MISSISSAUGA ON L4T1T1
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

59-3376739

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 8701 North Rocky Point Drive

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 510

27

City & State

City & State

23 Tampa Florida

28

Zip

Country

Zip

Country

24 33609-1013

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGBEE, R A
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

81 Name

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

83

84 City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GODIN, PAUL
STREET ADDRESS 550 NORTH REO ST. SUITE 300
CITY-ST-ZIP TAMPA FL 33609-1013

DELETE

1.1 TITLE P.O.
1.2 NAME GODIN, PAUL
1.3 STREET ADDRESS 8701 North Rocky Point Drive
1.4 CITY-ST-ZIP Suite 510 TAMPA FLORIDA 33609-1013

Change

Addition

TITLE D
NAME LYMBURNER, JEFF
STREET ADDRESS 550 NORTH REO ST. SUITE 300
CITY-ST-ZIP TAMPA FL 33609-1013

DELETE

2.1 TITLE P.O.
2.2 NAME LYMBURNER, JEFF
2.3 STREET ADDRESS 8701 NORTH ROCKY POINT DRIVE
2.4 CITY-ST-ZIP Suite 510 TAMPA FLORIDA 33609-1013

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE S.
3.2 NAME BOUBES, BRANT
3.3 STREET ADDRESS 8701 NORTH ROCKY POINT DRIVE
3.4 CITY-ST-ZIP Suite 510 TAMPA, FLORIDA 33609-1013

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. 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.

SIGNATURE

CR2E034 (10/97)