**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

**FILED**
**Apr 29, 1999 8:00 am**
**Secretary of State**
04-29-1999 90116 048 ***150.00

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DOCUMENT # **P97000002811**

1. Corporation Name
**PRODUCT LIQUIDATORS SALES CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 13406 LA PLACE CIRCLE<br>#147<br>TAMPA FL 33612<br>US | 13406 LA PLACE CIRCLE<br>#147<br>TAMPA FL 33612<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1997

4. FEI Number: 65-0715422 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 620 LOCK RD | 26 PO BOX 4549 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 DEERFIELD Bch FL | City & State<br>28 DEERFIELD Bch FL |
| Zip / Country<br>24 33442 25 US | Zip / Country<br>29 33442 30 ~~33442~~ US |

**9. Name and Address of Current Registered Agent**

RUBEN, KENNETH
13406 LA PLACE CIRCLE
#147
TAMPA FL 33612

**10. Name and Address of New Registered Agent**

81 Name: RUBEN, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable): 620 LOCK RD
83
84 City: DEERFIELD Bch FL 85 Zip Code: 33442

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: Kenneth Ruben, President KENNETH RUBEN, PRESIDENT 4/24/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>RUBEN, KENNETH<br>13406 LA PLACE CIRCLE #147<br>TAMPA FL 33612 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DPS<br>RUBEN, KENNETH<br>620 LOCK RD<br>DEERFIELD Bch FL 33442 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ 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 |

CR2E034 (11/98)

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, with all other like empowered.

**SIGNATURE:** Kenneth Ruben, President KENNETH RUBEN, PRESIDENT 4/24/99 954-426-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #