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May 08 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 # P97000027654 (7)

1. Corporation Name

LIQUID ASSETS MARKETING GROUP INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JEFF ROSEEN 6800 CYPRESS ROAD #216 PLANTATION FL 33316		Mailing Address C/O JEFF ROSEEN 6800 CYPRESS ROAD #216 PLANTATION FL 33316	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent DRELICH, LEE CPA 8211 W. BROWARD BLVD., SUITE 200 PLANTATION FL 33322		10. Name and Address of New Registered Agent	
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 607.1503, 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
STREET ADDRESS	6800 CYPRESS RD Apt 216	1.2 STREET ADDRESS	1.2 NAME
CITY-ST-ZIP	PLANTATION, FL	1.3 CITY-ST-ZIP	1.3 NAME
TITLE	NAME	2.1 TITLE	2.1 NAME
STREET ADDRESS		2.2 STREET ADDRESS	2.2 NAME
CITY-ST-ZIP		2.3 CITY-ST-ZIP	2.3 NAME
TITLE	NAME	3.1 TITLE	3.1 NAME
STREET ADDRESS		3.2 STREET ADDRESS	3.2 NAME
CITY-ST-ZIP		3.3 CITY-ST-ZIP	3.3 NAME
TITLE	NAME	4.1 TITLE	4.1 NAME
STREET ADDRESS		4.2 STREET ADDRESS	4.2 NAME
CITY-ST-ZIP		4.3 CITY-ST-ZIP	4.3 NAME
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS		5.2 STREET ADDRESS	5.2 NAME
CITY-ST-ZIP		5.3 CITY-ST-ZIP	5.3 NAME
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS		6.2 STREET ADDRESS	6.2 NAME
CITY-ST-ZIP		6.3 CITY-ST-ZIP	6.3 NAME

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:

JEFF ROSEEN

JEFF ROSEEN

April 15 1998

CR2E034 (10/97)