

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

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Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052355 (9)

1. Corporation Name

T & T SURPLUS LIQUIDATIONS AND INFORMATION SERVICES, INC.



Principal Place of Business 10460 ROOSEVELT BLVD #334 ST PETERSBURG FL 33716	Mailing Address 10460 ROOSEVELT BLVD #334 ST PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. and T Surplus 10460 Roosevelt Blvd. #334 St. Petersburg FL 33716 City & State (813) 522-5968		2a. Mailing Address 26 Suite, Apt. #, etc. and T Surplus 10460 Roosevelt Blvd. #334 St. Petersburg FL 33716 City & State (813) 522-5968		3. Date Incorporated or Qualified 06/12/1997	
22 Zip Country 25 33716 USA		27 Zip Country 28 33716 USA		4. FEI Number 594-01-3628 Applied For Not Applicable	
23		24		5. Certificate of Status Desired X \$8.75 Additional Fee Required	
25		26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent BRADFORD, TIMOTHY 10460 ROOSEVELT BLVD #334 ST PETERSBURG FL 33716		10. Name and Address of New Registered Agent 81 Name Timothy Bradford 82 Street Address (P.O. Box Number is Not Acceptable) 10460 Roosevelt Blvd #334 83 84 City St. Petersburg FL 85 Zip Code 33716	
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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  President Timothy Bradford 4/7/98  
Signature, type or printed name of registered agent and file 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	President Timothy Bradford 10460 Roosevelt Blvd #334 St. Petersburg FL 33716 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Tammy Bradford 6631 16th St. North St. Petersburg FL 33716 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Treasure Robert Bradford 4300 1st North St. Petersburg FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Asst. Treasure William Frossard 300 Windward Passage 288 Clearwater FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Timothy Bradford President 4/7/98 813-522-5968  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0395562

CR2E034 (10/97)