

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90144 013 ***150.00

DOCUMENT # P97000066234

1. Corporation Name

BUY WIZE LIQUIDATION DEPOT, INC.

Principal Place of Business

BUY WIZE LIQ DEPT. INC
28471 US 19 NORTH
CLEARWATER FL 33761
US

Mailing Address

28467 US 19
CLEARWATER FL 33761
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

59-3459705

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: UTRERA
SIEGEL & UTRERA, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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)

4/13/99
DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDREANSKY, REBECCA	
STREET ADDRESS	28471 US 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DREW, JULIAN R	
STREET ADDRESS	28471 US 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GWINN, JEAN	
STREET ADDRESS	28471 US 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDREANSKY, REBECCA	
1.3 STREET ADDRESS	28467 US 19 NORTH	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DREW, JULIAN R	
2.3 STREET ADDRESS	28467 US 19 NORTH	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GWINN, JEAN	
3.3 STREET ADDRESS	28467 US 19 NORTH	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Signature and typed or printed name of signing officer or director

April 14, 1999 927-799-8877
Date Daytime Phone

CR2E034 (11/98)