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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000066234

	n Name							
BUY WIZ	ZE LIQUIDATION DEPOT, IN	C. ·						
		-			/	CONTRACTO		
			-					
Principal Place	e of Business	Mailing Address			1 1 90 11 39 1 (10 1 0 11+ 100(1 00(1) 00)(1		8 8411 8 118 83	lifit stat 1889
BUY WIZE LIQ I			-					
28471 US 19 NO		28467 US 19 CLEARWATER FL 33761						
CLEARWATER F	FL 33761	U\$		L	DO NOT WRITE	IN THIS SE	PACE	
US					3. Date Incorporated or Qualifed			
			•		07/31/1997	-		
— '.	lace of Business	2a. Mailing Address		}	4. FEI Number		_ 	olied For
	7 US 19 NORTH	26			59-3459705			t Applicable
Suite, Apt.		Suite, Apt. #, etc.		1	5. Certificate of Status Desired		\$8.75 A Fee Re	I
22 といて City & State	7	City & State			a. El. C. C. Janier Financia			
一		28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	· · · · · ·
23 CUEAR Zip	Country	Zip	Country		8. This corporation owes the curren	t vear Intano		
24 33761			¬ '		Personal Property Tax.			□No
24 22 191	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Re	gistered Ag		
	J. Hallo alla Adaloso C. Carlon	· · · · · · · · · · · · · · · · · · ·	81 Name		UTRERA	<u></u>		
AMEI	RILAWYER CHARTERED			SP1E4	EL & HERA PA.			
343 ALMERIA AVENUE				S (P.O. Box Number is Not Acceptable ALMERIA AYEMUE	e)			
CORAL GABLES FL 33134		83	7 ()	ACRERIA ATENCE				
		•					" - I	
	,		84 City	(~0	AL GABLES	FL	85 Zip C	ode i
11. Pursuant	the above-named	corpora	ition submits this statement for the pu		anging its	registered		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corp	oration's	s board of directors. I hereby accept t	the appointm	nent as reg	jistered
	in familiar with, and accept the obligation	Teff	a statutes.	und	· Atty at Law	4/13	199	1
SIGNATURE	Signature, types or printed ame of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	required wi	nen reinstating)	DATE	• /	 - }
12.	OFFICERS ANI							
TITLE		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	
	PD.	D DIRECTORS	13. 1.1 TITLE	PD	ADDITIONS/CHANGES TO OFFI		DIRECTO Change	RS IN 12
NAME				PD	ADDITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS	PD.		1.1 TITLE	PD ANI 284	ADDITIONS/CHANGES TO OFFICE OREA-USKY, REBECCA 167 US 19 NORTH			
	PD Andreansky, rebecca		1.1 TITLE 1.2 NAME	PD ANI 284	ADDITIONS/CHANGES TO OFFIC	C	당 Change	
STREET ADDRESS	PD Andreansky, Rebecca 28471 US 19 NORTH		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	PD ANI A84 CUE	ADDITIONS/CHANGES TO OFFICE OREANSKY, REBECCA 167 US 19 NORTH ARWATER, FL 33761	C		
STREET ADDRESS CITY-ST-ZIP	PD ANDREANSKY, REBECCA 28471 US 19 NORTH CLEARWATER FL 33761	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ANI A84 CUE STI	ADDITIONS/CHANGES TO OFFICE OREANISKY, REBECCA HOT US 19 NORTH ARWATER, FL 33761 ON JULIANI R	C	당 Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	PD ANDREANSKY, REBECCA 28471 US 19 NORTH CLEARWATER FL 33761 STD DREW, JULIAN R 28471 US 19 NORTH	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PD ANI A84 CUE STI DRE	ADDITIONS/CHANGES TO OFFICE OREANISKY, RETECCA HOT US 19 NORTH ARWATER, FL 33761 ON, JULIANI R HOT US 19 NORTH	C	날 Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: