

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90078 016 ***150.00

DOCUMENT # **P97000093022**

1. Corporation Name
WHOLESALE LIQUIDATORS, INC.



Principal Place of Business
1210 STERLING ROAD STE. 2B
DANIA FL 33004

Mailing Address
1210 STERLING ROAD STE. 2B
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1997

2. Principal Place of Business
21 **2175 NW 14 St**
Suite, Apt. #, etc.

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.

4. FEI Number
65-0791660
Applied For
Not Applicable

22 **DELRAY Beach FL**
City & State

27 **33445 Palm Beach**
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

23 **33445**
Zip Country

28 **33445**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be**
Added to Fees

24 **33445**
Zip Country

29 **33445**
Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLANDER, SHERRY
1210 STERLING ROAD STE. 2B
DANIA FL 33004

81 Name **SHERRY CALLANDER**
82 Street Address (P.O. Box Number is Not Acceptable)
2175 NW 14 ST
83 **DELRAY Beach FL**
84 City **FL** 85 Zip Code **33445**

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 **Sherry S Callander** **1-6-98**
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 **DP** ☐ DELETE
NAME **CALLANDER, SHERRY**
STREET ADDRESS **2175 N.W. 14TH ST.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Sherry S Callander** **1/6/98** **541**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **276-5292**

CR2E034 (11/98)