

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12029 (2)

1. Corporation Name
METRO CLOSEOUTS & LIQUIDATORS, INC.



Principal Place of Business
2855 COLONIAL BLVD., #112
FT. MYERS FL 33912-1040

Mailing Address
2855 COLONIAL BLVD., #112
FT. MYERS FL 33912-1040

3. Date Incorporated or Qualified
11/07/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1441 Tamiami Trail	26 1441 Tamiami Trail	65-0220610	Not Applicable
Suite, Apt. #, etc. 22 #811	Suite, Apt. #, etc. 27 #811	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23 Port Charlotte FL	City & State 28 Port Charlotte FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 33948	Country 25 US	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29 33948	Country 30 US		

9. Name and Address of Current Registered Agent

POSNER, ARTHUR
2855 COLONIAL BLVD #112
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
Arthur Posner

82 Street Address (P.O. Box Number is Not Acceptable)
1441 Tamiami Trail

83
#811

84 City
Port Charlotte FL

85 Zip Code
33948

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POSNER, ARTHUR	
STREET ADDRESS	2855 COLONIAL BLVD. #112	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	POSNER, BONNIE	
STREET ADDRESS	2855 COLONIAL BLVD. #112	
CITY-ST-ZIP	FT. MYERS FL 33912	
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	Arthur Posner	
1.3 STREET ADDRESS	1441 Tamiami Trail #811	
1.4 CITY-ST-ZIP	Port Charlotte FL 33948	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Posner Bonnie	
2.3 STREET ADDRESS	1441 Tamiami Trail #811	
2.4 CITY-ST-ZIP	Port Charlotte FL 33948	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Posner 4/16/97 944 766 7480

CR2E034 (9/96)