

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S43484** (2)

1. Corporation Name
SOUTH FLORIDA MARINE LIQUIDATORS, INC.



Principal Place of Business: **4800 N FEDERAL HWY SUITE 113B BOCA RATON FL 33431**
Mailing Address: **4800 N FEDERAL HWY SUITE 113B BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **04/04/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0261719**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **600 E Atlantic Ave**
22. Suite, Apt. #, etc.
23. **Delray Beach, FL**
24. **33483**
25. Country
2a. Mailing Address
26. **600 E. Atlantic Ave.**
27. Suite, Apt. #, etc.
28. **Delray Beach, FL**
29. **33483**
30. Country

9. Name and Address of Current Registered Agent
**KENNEDY, DEBORAH R.
4800 N FEDERAL HWY
STE 113B
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **600 East Atlantic Ave.**
83.
84. City: **Delray Beach** FL 85. Zip Code: **33483**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, DENNIS	
STREET ADDRESS	4800 N. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL	
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		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	600 E. Atlantic Ave.		
1.4 CITY-ST-ZIP	Delray Beach, FL 33483		
2.1 TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Deborah Kennedy		
2.3 STREET ADDRESS	600 E. Atlantic Ave.		
2.4 CITY-ST-ZIP	Delray Beach, FL 33483		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	7000018420PT	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-05/29/96--01022--043		
5.3 STREET ADDRESS	***200.00		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **X Deborah Kennedy**
DATE: **4/25/96**
TELEPHONE: **407-278-6773**

CR2E034 (12/95)