FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

ANNUAL REPORT 1999		Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 49 1. Corporation Name ORLANDO AUTO AUCTION		
Principal Place of Business	Ma	illing Address
571 MERCY DR ORLANDO FL 32805	•	MERCY DR ANDO FL 32805

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Principal Place of Business Mailing Address					- 100111 =1272 E111 12814 11281 12116 E111 8121				
571 MERCY DR		571 MERCY D							
ORLANDO FL 3	LANDO FL 32805 ORLANDO FL 32805				DO NOT WRITE IN TH	IS SPACE			
						3. Date Incorporated or Qualifed			1
						02/24/1976			
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	A	pplied For]
21		26				59-1669772	N	ot Applicable]
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	•	Additional	
22		27				5. Certificate of Otatus Desired	Fee R	equired	1
City & State	e	City & St	City & State		6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		to Fees	┥
Zip	Country	<u>├</u>	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax			
24	25	[29]	30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Age	nt	81	Name	10. Name and Address of New Registers	u Agent		1
BERI	RY, DANIEL								4
	MERCY DR			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	ANDO FL 32805			83					1
									4
				84	City	·	L 85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes, th	ne above	-named co	rporation submits this statement for the purpose	of changing it	s registered	1
office or r	egistered agent, or both, in the state m familiar with, and accept the bolig	of Florida, Such d	handa was author	izea ov	the corpora	ation's board of directors. I hereby accept the app	pointment as r	egistered	
	m lamiliar with, and accept measuring	ations of, Section o	- F/2) A	UF R		MMEET 1, 1	994		
SIGNATURE	Signature, yeed or printed name of registered ag	ent and title if applicable.	(NOTE: Regis	tered Agen	t signature requ	ired when reinstating) URTE			1
12.	OFFICERS A	ND RECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			-
TITLE	PD] DELETÉ	1.1 TITLE			Change	☐ Addition	:
NAME	BERRY, DANIEL			1.2 NAME			·		1
STREET ADDRESS	2823 MIDSUMMER DRIVE	t		1.3 STREET	ADDRESS	•			
CITY-ST-ZIP	WINDERMERE FL			1.4 CITY-S	r-zip		Change	☐ Addition	1
TITLE	VSD	}		2.1 TITLE			☐ Change		
NAME	BERRY, SUSAN R	1		2.2 NAME					
STREET ADDRESS	2823 MIDSUMMER DRIVE		:	2.3 STREET	ADDRESS				
CITY-ST-ZIP	WINDERMERE FL	ļ		2. 4 CITY-S	T-ZIP		☐ Change	Addition	4
TITLE		1	DELETE 3.1 TIT			-	Grange		
NAME		1		3.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		·		3.4. CITY-S 4.1 TITLE	1-ZIP		☐ Change	Addition	.†
TITLE	!	L		4.1 IIILE 4.2 NAME					
NAME					ADDDCCC				
STREET ADDRESS			1		ADDRESS				
C/TY-ST-ZIP				4.4 CITY-S 5.1 TITLE	1-211		Change	Addition	,
TITLE		L		5.2 NAME			_ •	_	
NAME					ADDRESS				
STREET ADDRESS				5.4 CITY-S					Ì
CITY-ST-ZIP TITLE				6.1 TITLE	·		Change	Addition	1
NAME		-		6.2 NAME		The state of the s		-	
STREET ADDRESS				6.3 STREE	T ADDRESS				1
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				
ON ITOTAL									

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 depondition 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:

TED NAME O SIGNING OFFICER OR DIRECTOR