## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Sep 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation ABRAY		# 34103 UCTION, INC.	)	(6)						
Principal Plac	e of Busines	SS	Mailing Ad	Mailing Address			(		881 <b>8</b> 7811 <b>8</b> 1 <b>8</b> 1	
765 DUNBAR OLDSMAR FL US	AVE.	-	PO BOX 3	PO BOX 338 OLDSMAR FL 34677			DO NOT WRITE IN THIS SPACE			
00			00	00			3. Date Incorporated or Qualified 3a. Date of Last Report			
							07/27/1977	08/0	9/1996	'
2. Principal P	lace of Busi	ness	2a. Mailing	2a. Mailing Address			4. FEI Number			oplied For
21			26				59-1751557		No	ot Applicable
Suite, Apt.	#, <b>el</b> c.		Suite, A	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	е		City & S	City & State			6. Election Campaign Financing		\$5.00	May Be
23		<del>,</del>	28				Trust Fund Contribution Added to Fees			
Zip	<del> </del>		· · · · · ·	Zip		1	8. This corporation owes or has paid the current year Intangible			
24 25 9. Name and Address of Current				29 30			Personal Property Tax due Jun			_ No
			rent Hegistered Ag	jent	81	Name	10. Name and Address of New R	egistered Aç	jent	
DAMOTH, MIKE					Ľ	INATITE				
	38 JIRETZ					Street Add	ress (P.O. Box Number is Not Accepta	ıble)		
UU	ESSA FL 3	3556		83					· · · · · · · · · · · · · · · · · · ·	
					84	City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.1508,	Florida Statute	es, the above	l e-named corr	poration submits this statement for the		L L :hanging it	s registered
office or r	regi <b>ste</b> red ag ım f <b>a</b> miliar wi	gent, or both, in the St ith, and accept the of	late of Florida, Such	change was a	authorized by irida Statute	the corpora	poration submits this statement for the ilion's board of directors. I hereby acc	ipt the appoi	ritment as	registered
SIGNATURE	arr ngarrings ar	ivi, and doops in o	ingation on, condition	, 007.00700, 110	oncia otarate.					
SIGNATURE	Signature, typed	or printed name of registeris	Lagent and title if applicable	· (NOII	F Registered Age	unt signature requ	red when reinstating)	DATE		
12.		OFFICERS	AND DIRECTORS	_	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD		l	L DELETE				L	Change	Addition
NAME DAMOTH, MIKE				1.2 NAME						
STREET ADDRESS 18638 JIRETZ RD CITY-ST-ZIP ODESSA FL				1.3 \$1						
CITY-ST-ZIP		\ FL		DELETE	1.4 CHTY - S 2.1 TITLE	T-ZIP				A defice.
TITLE	ST DAMOTH, PATRICIA A		'	□ bett+e				L	Change	☐ Addition
NAME CTOSET ADDRESS				i :		ADDDCCO				
STREET ADDRESS   18638 JIRETZ RD   ODESSA FL						ADDRESS				
CITY-ST-ZIP TITLE	VP	<u> </u>		DELETE	2. 4 CITY - 5 3.1 THILE	51-711			Change	Addition
NAME	NAVICKAS, GUY S		•					_		
STREET ADDRESS 1120 ILLINOIS AVENUE				3.2 NA 3.3 STI		ADORESS				
CITY-ST-ZIP PALM HARBOR FL						ST - ZIP				
TITLE		<del></del>		DELETE	4.1 TITLE				Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY - S	T - <b>Z</b> IP				
TITLE				DELETE	5 1 TITLE			L	Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5 3 STREET	ADDRESS				
CITY-ST-ZIP	·		······································	——————————————————————————————————————	54 CITY-S	1 - ZIP				
TITLE			l	DELETE	6 1 TITLE				Change	☐ Addition
NAME					6.2 NAME					
STREET ADDRESS				63 STREET ADDRESS						
CITY-ST-ZIP					6.4 CITY - S	T-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 complication or the receiver of 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 planged, or on an allachment with an address.