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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

AUCTION 84, INC.

THOMASON, WALTER

5440 STATE RD 84

FT LAUDERDALE FL

DORN, RICHARD S

5440 STATE RD 84

FT LAUDERDALE FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CHY-\$1-7(P

CITY-ST-7IP

TITLE

NAME

1IILE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

F53858

FILED Aug 19 1998 8:00am Secretary of State

CR2E034 (10/97)

Change Addition

Addition

Addition

Addition

___ Change

Change

Change

Principal Place of Business Mailing Address						-					
C/O WALTER 5440 STATE	THOMASON	C/O WALTER THOMASON 5440 STATE ROAD #84 F1. LAUDERDALE FL 33314			DO NOT WRITE IN THI S S PACE						
						3.	Date Incorporated or Qualified 11/16/1981				
2. Principal F	lace of Business	2a. Mailing Address			4.	4. FEI Number Applie			olied For		
21		26			59-2200477 Not Applie			Applicable			
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5.	Certificate of Status Desired	7 -	. 75 A	dditional quired	
City & Stat	0	City & State				6.	Election Campaign Financing Trust Fund Contribution		5.00 h dded to	May Be Fees	
Zip 24	Country 25	7ip	Gour 30			This corporation owes or has paid the or Personal Property Tax due June 30.			urrent year Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent						10.	Name and Address of New Register	ed Agent			
TH	OMASON, WALTER			81	Name						
5440 STATE ROAD #84 FT. LAUDERDALE FL 33314				82	Street Address (P.O. Box Number is Not Acceptable)						
				"	Olicel / ladi	1005 (1	.c. box (tamber to the recopiation)				
				83							
				84	City			85	Zip C	ode	
					City		F	:L °°'	21410	iode.	
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change w	vas authorize	ed by	the corporat	poration tion's b	n submits this statement for the purpos loard of directors. I hereby accopt the a	e of chan- appointme	ging its ont as r	registered egistered	
SIGNATURE	Signature, typied or printed name of registered	agent and tile if applicable	(NOTE: Register	ed Agn	int signatura requi						
12.				13.			ADDITIONS/CHANGES TO OFFICERS A				
TITLE	V	L) DELETE	DELETE 1.11		TITLE			L] CI	hange	Addition	
NAME			1.2 NAME								
· · · · · · · · · · · · · · · · · · ·			1.3 9	1.3 STREET ADDRESS							
			1.4 CHY-ST-7(P								
TITLE	PT	DENTTE	2.11	ITLE	l			L CI	nange	Addition	

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

511HLE

52 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3 4. CITY - ST - ZIP

4.4 CITY-S1-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CHY-ST-7P

2.4 CITY - ST - ZIP

6.4 CHY - ST - 7IP 14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the comparation or the receiver or true of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if c

954-797-1111