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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004735

1. Corporation Name

AUCTION FINANCE GROUP, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90207 015 ***150.00



		6.6-11 A.4			INIT INDIA 1972 AND INDI		
Principal Place	e of Business	Mailing Address		İ			
930 WASHINGTON AVE. 930 WASHINGTON AVE.							
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed			
				09/13/1996	ļ		
2 Dringing D	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
		hand the second of the	AVE	1 -1 11 11 11 11 11 11 11 11 11 11 11 11	Not Applicable		
21 / 680	MICHIGAN MUE	26 / 6 XD / / / / / / / / / / / Suite, Apt. #, etc.	FIVE		8.75 Additional		
Suite, Apt.	~~ · · · / / / /	/	1	5. Certifcate of Status Desired	Fee Required		
22 01/	1E 101	27 Su/16 /0		e state Commiss Signature			
City & State		Historia Brown	· FI		55.00 May Be Added to Fees		
23 MIAM			untry .				
Zip 33/	Country	_ ^ ^ ^ _	DADE	No. This corporation owes the current year Intangit Personal Property Tax.	Yes □No		
24 25/	37 25 DADE		UFIDE	10. Name and Address of New Registered Ager			
	9. Name and Address of Current	Registered Agent	81 Name				
COD	PORATION SERVICE COMPANY		Name				
1201 HAYS STREET			82 Street	at Address (P.O. Box Number is Not Acceptable)			
IAĻL	AHASSEE FL 32301-2525	•	83				
			84 City	8:	Zip Code		
	· 17			d corporation submits this statement for the purpose of char			
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 13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	PD	☐ DELETE 1.1 T	TTLE		Change		
NAME	SIMON, STEVE	1.2 M	IAME		Ì		
STREET ADDRESS	930 WASHINGTON AVE.	1.3 5	TREET ADDRESS	es (
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 (CITY-ST-ZIP				
TITLE	VSD.	☐ DELETE 2.11	ME	PRESIDENT	Change		
NAME	PORTER, HELEN	2.21	AME	PRESIDENT HELEN PORTER 1680 MICHIGAN AVE. 5: MIAMI BEACH FL	1 701		
STREET ADDRESS	930 WASHINGTON AVE.		STREET ADDRESS	S LOO MICHIGAN HVE. 5	te 101		
	MIAMI BEACH FL 33139		CITY-ST-ZIP	MANNI BEACH FL	33139		
CITY-ST-ZIP	MINIMI DEVOLLEE 30 103		TITLE		Change Addition		
		_	IAME				
NAME			STREET ADDRESS				
STREET ADDRESS	· ·			~			
CITY-ST-ZIP			CITY-ST-ZIP	+	Change Addition		
TITLE	•						
NAME			NAME				
STREET ADDRESS			STREET ADDRESS	55			
CITY-\$T-ZIP			CITY-ST-ZIP		Change C Addition		
TITLE	:		MLE		Change		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS	SS			
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE 6.17	TITLE		Change		
NAME	•	6.2	NAME				
STREET APARESS		6.3 9	STREET ADDRESS	ss	}		

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 corporation of 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 changed, or open attachment with an address, with all giber like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-673-2700