

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

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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H12920** (5)

1. Corporation Name  
**GREATER ORLANDO AUTO AUCTION, INC.**

Principal Place of Business <b>1313 THORPE ROAD ORLANDO FL 32824</b>	Mailing Address <b>1313 THORPE ROAD ORLANDO FL 32824-8050</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/19/1984</b>	3a. Date of Last Report <b>04/16/1996</b>
21		26	<b>1400 LAKE HEARN DR.</b>	4. FEI Number <b>59-2445863</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	<b>ATLANTA, GA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	<b>30319</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	30	<b>U.S.A.</b>		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

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 DIRECTORS IN 12	
TITLE	<b>SVPC</b>	1.1 TITLE	<b>PD</b>
NAME	<b>JOYCE PERRY</b>	1.2 NAME	<b>BERRY, G. DENNIS</b>
STREET ADDRESS	<b>1313 THORPE ST</b>	1.3 STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>ATLANTA, GA. 30319</b>
TITLE	<b>DP</b>	2.1 TITLE	<b>DUT</b>
NAME	<b>HECKER, DENNIS E</b>	2.2 NAME	<b>GARTIN, ROBERT E.</b>
STREET ADDRESS	<b>1313 THORPE RD</b>	2.3 STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>ATLANTA, GA. 30319</b>
TITLE	<b>S</b>	3.1 TITLE	<b>V</b>
NAME	<b>WHELAN, JOHN</b>	3.2 NAME	<b>CECCOLI, DARRYL M</b>
STREET ADDRESS	<b>1313 THORPE RD</b>	3.3 STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>ATLANTA, GA. 30319</b>
TITLE		4.1 TITLE	<b>SD</b>
NAME		4.2 NAME	<b>MERDEK, ANDREW</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1400 LAKE HEARN DRIVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>ATLANTA, GA. 30319</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 corporation 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 change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0094347

CR2E034 (9/96)