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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA **DE**PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H12920

(5)

GREATER ORLANDO AUTO AUCTION, INC.

Principal Place of Business Mailing Address

1313 THORPE ROAD 1400 LAKE HEARN DR.
ORLANDO FL 32824 ATLANTA GA 30319

FILED Apr 24 1998 8:00am Secretary of State



ORLANDO FL 32824		TRUU LAKE MEAKN DK. ATLAATA CA 20210				
ONDANDO FL 32824		ATLANTA GA 30319 US		DO NOT WRITE IN THIS SPACE		
1		V O			3. Date Incorporated or Qualified	
					07/19/1984	
2. Principal P	Place of Business	2s. Mailing Address			4. FEI Number	Applied For
26					59-2445863	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Additional
22 980 C	BACHMAN RD.	City & State		···	5. Certificate of Status Desired	Fee Required
	woo, FL	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Countr	'y	8. This corporation owes or has paid the	
24 32			30		Personal Property Tax due June 30. Yes XNo	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
СТ	CORPORATION SYSTEM		81	l Name		
1200 S. PINE ISLAND RD			82	82 Street Address (P.O. Box Number is Not Acceptable)		
PU	ANTATION FL 33324		83			
			84	City		85 Zip Code
4				1 "	F	' L '
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida St atute of Florida. Such change was a	es, the above	ve-named cor by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its 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 life of applicable (NOTL Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered age OFFICERS AND		Registered Ag	gent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	IN
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BERRY, G. DENNIS	- DECENE	1.2 NAME			C) Change C) Addition 5
STREET ADDRESS	1400 LAKE HEARN DR.					[5]
CITY-ST-ZIP	ATLANTA GA			T ADDRESS		0
TITLE	VDT	DELETE	1.4 CITY - 2.1 TITLE	51-ZIP		Change Addition C
NAME	GARTIN, ROBERT E.	CD Section	2.2 NAME			C change C Nodition
STREET ADDRESS	1400 LAKE HEARN DR.			T ADDRESS		
1	ATLANTA GA					
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CITY - 3.1 TITLE	21-7IF		Change Addition
NAME			3.2 NAME			
STREET ADDRESS	1400 LAKE HEARN DR.		1	T ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-			
TITLE	<u>\$0</u>	DELETE	4.1 TITLE	DI-TIF		Change Addition
NAME	MERDEK, ANDREW		4. 2 NAME	:		E STANDON
STREET ADDRESS	1400 LAKE HEARN DR.			1 ADDRESS		
CITY-ST-ZIP	ÁTLANTA GA		4.4 CITY-			
TITLE	CALIFIC MALLE AND A	DELETE	5.1 TITLE	01-511		Change Addition
NAME			5.2 NAME			change radioon
STREET ADDRESS				T ADDRESS		
CHTY-ST-ZIP				1		
TITLE		DELETE	5.4 CITY - :	51 - ZIP		Change Addition
NAME			62 NAME			C Ollainge C Rubilibil
				I ADDOCCO		
STREET ADDRESS	:		63 21HEF	I ADDRESS		

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 coeparation 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.

ulila

404-842-5000