

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28529

(2)

1. Corporation Name

AUCTION AUCTION, INC.

FILED

95 JUL 28 PM 1:16

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**3979 NW 9 AVE
POMPANO BCH FL 33064
US**

Mailing Address

**3979 NW 9 AVE
POMPANO BCH FL 33064
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

3a. Date of Last Report

08/12/1994

4. FEI Number

59-2709293

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RADFORD, ROXIE A.
3979 NW 9 AVE
POMPANO BCH FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the filer (if applicable)

(If filer is Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DPS
NAME RADFORD, ROXIE A.
STREET ADDRESS 3979 N.W. 9TH AVE.
CITY, ST, ZIP POMPANO BEACH FL 33064**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

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CITY, ST, ZIP**

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STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 changed, or on an attachment with an address.

SIGNATURE:

Roxie A. Radford

ROXIE A. RADFORD

7-25-95

305-783-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR