SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # J60207   (4)
1. Corporation Name

L & M AUCTIONS INC.

Principal Place of Business	Mailing Address
6969 SUNSET STRIP SUNRISE FL 33313 US	6969 SUNSET STRIP SUNRISE FL 33313 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified **03/05/1987**	3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2767041**	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	

9. Name and Address of Current Registered Agent

GORDON, LEE
6241 SW 14TH ST.
PLANTATION FL 33317

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 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	**D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**GORDON, MAYER I.**		1.2 NAME	
STREET ADDRESS	**6241 SW 14TH ST**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**PLANTATION FL**		1.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**GORDON, LINDA**		2.2 NAME	
STREET ADDRESS	**6241 SW 14TH ST**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**PLANTATION FL**		2.4 CITY-ST-ZIP	
TITLE	**S**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**GORDON, LEE**		3.2 NAME	
STREET ADDRESS	**6241 SW 14 ST.**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**PLANTATION FL**		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _Linda Gordon_   LINDA GORDON   6/11/96   954 745 2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR