SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

STREET ADDRESS

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 21 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # (4)J60207 L & M AUCTIONS INC. Principal Place of Business Mailing Address 6969 SUNSET STRIP 6969 SUNSET STRIP SUNRISE FL 33313 SUNRISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1987 06/17/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2767041 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GORDON, LEE 6241 SW 14TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97 DELETE Change Addition TITLE 1.1 TO LE GORDON, MAYER I. NAME 1.2 NAME 6241 SW 14TH ST STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIF D DELETE Addition TITLE 2.1 TOUR GORDON, LINDA NAME 2.2 NAME 6241 SW 14TH ST STREET ADDRESS 23 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TOUE GORDON, LEE NAME 3.2 NAME 6241 SW 14 ST. STREET ADDRESS 3.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THUE NAME STREE1 ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

> **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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 eath; 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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address.