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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

Feb 18, 1999 8:00 am

Secretary of State

02-18-1999 90045 005 ***150.00

DOCUMENT #	.160207
Corporation Name	000201

1 & M AUCTIONS INC.

-	•	:	•	•••	•	•	•	 -	_		Ť	_

Principal Place of Business Mailing Address 6969 SUNSET STRIP 6969 SUNSET STRIP SUNRISE FL 33313-2865 SUNRISE FL 33313-2865 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						03/05/1987					
2. Princi	Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For			
21		26				59-2767041	Not	Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional				
22	27					5. Certificate of Status Desired	Fee Required				
City &	State	City & State				6. Election Campaign Financing	\$5.00	May Be			
23		28				Trust Fund Contribution	Added to	Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intai					
24	25	29	30			Personal Property Tax.	☐ Yes	□No			
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered A	gent				
				81	Name						
	GORDON, LEE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)					
i!	6241 SW 14TH ST.			02	Silest Addres	as (F.O. Box (Author) is Not Acceptable)					
	PLANTATION FL 33317			83							
•	J ,							2 1 3 3 1 (S)			
	1			84	City	FL	85 Zip C				
office	suant to the provisions of Sections 607,050 e or registered agent, or both, in the State nt. I am familiar with, and accept the obliga	of Florida, Such change was	authorized	i by i	ine corporation	ration submits this statement for the purpose of c 's board of directors. I hereby accept the appoint	hanging its r ment as reg	registered iistered			
SIGNAT	URE										
	Signature, typed or printed name of registered age			i Agen	t signature required		NDECTO	70 IN 10			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		Addition			
TITLE	i DP	☐ DELETE	1.1 TI	TLE			☐ Change	☐ MODITION			
NAME	GORDON, MAYER I.		1.2 N	AME							
STREET ADI	, - -		1.3 \$7	TREET	ADDRESS						
CITY-ST-ZIF	PLANTATION FL		1.4 CI	ITY-ST	-ZIP			F71.4 1.115			
TITLE	DP	☐ DELETE	2.1 TI	TLE.		- · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition			
NAME	GORDON, LINDA		2.2 N	AME				ĺ			
STREET ADI	DRESS 6241 SW 14TH ST		2.3 S	TREET	ADDRESS						
CITY-ST-ZIF	PLANTATION FL		2.40	TY-S	T-ZIP						

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TTTLE

5.2 NAME

6.1 TITLE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

TITLE 8927 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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 abdress, with all other like empowered.

SIGNATURE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

S

GORDON, LEE

6241 SW 14 ST.

PLANTATION FL

REQUIRED IGNING OFFICER OR DIRECTOR

☐ DELETÉ

☐ DELETE

☐ DELETE

☐ DELETE

Addition

☐ Addition

Addition

Change

Change

Change

Change