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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1**9**98

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio		" K23512 UCTION, INC.	2 (2	()						
Principal Place of Business Mailing Address						-		7	#4 BJB11 BIB11 Q18#	I BIBIS SOBL
118 NE 16 STREET DELRAY BEACH FL 33444 US			118 NE 16TH ST DELRAY BEACH FL 33444 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
								05/13/1988		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Applied For	
21			26					65-0053717	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	ed \$8.75 Additional Fee Required		
City & Stat	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24		25 29 30			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No N		
g, Name and Address of Current Registered Agent								10. Name and Address of New Registered	Agent	
	LLAGHER, E				81	Name				
118			82 Street Addre			ss (P.O. Box Number is Not Acceptable)				
DELRAY BEACH FL 33444					83					
					63					
					84	City		FI	85 Zip (	Code
11. Pursuant office or r agent. I a	to the provisio egistered age im familiar with	ons of Sections 607.050 int, or both, in the State n, and accept the obliga	2 and 607.1508, Florida of Florida. Such chang ations of, Section 607.0	a Statutes, the was authors 505, Florida	he above orized by Statutes	e-named the corp 3.	d corpo poratio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it pointment as	s registered registered
	Signature, typed o	r printed name of registured age	<del> </del>	(NOTE: Rec		ni signalure	e required	d when reinstating) DATE		
12.		OFFICERS ANI	D DIRECTORS	CTF.	13.		1	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12 Addition
TITLE NAME	PD	SED EDWADD	F" DEF	EIE	1.1 TITLE 1.2 NAME				LLI Change	L_J Addition
STREET ADDRESS		ier, edward 6th street		1.3 \$						
CITY-ST-ZIP		BEACH FL		1.40			1			
TITLE	DELETE				2.1 TITLE		+-		Change	Addition
NAME					2.2 NAME		1			
STREET ADDRESS					2.3 STREET	aodress				
CITY-ST-ZIP					2. 4 CITY-5	ST-ZIP	<u>L</u> _			
TITLE			☐ D£L	ETE	3.1 TITLE				☐ Change	Addition
NAME					3.2 NAME					ļ
STREET ADDRESS					3.3 STREET					İ
CITY-ST-ZIP			☐ DEL		3.4. CITY - 5 4.1 TITUE	ST-ZIP	<b>├</b> ─		☐ Change	Addition
TITLE NAME			L DEC		4.1 III.E 4. 2 NAME				□ cuantite	CT MODITION
STREET ADDRESS					4. 2 NAME 4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY-S		Ì			ļ
TITLE	<del></del>		☐ DEL	ETE	5.1 TITLE	(- LII	+-		Change	Addition
MANAC			<del></del>		E O MALAC		1	•	- •	_

6.4 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, and an attention on with an address.

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

**FILED** 

Apr 20 1998 8:00am

Secretary of State