

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K53032** (4)

1. Corporation Name
GREATER AUCTION GROUP, INC.

Principal Place of Business 1313 THORPE RD P O BOX 820608 ORLANDO FL 32824	Mailing Address 1313 THORPE RD P O BOX 820608 ORLANDO FL 32824-8060
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1988	3a. Date of Last Report 04/16/1996
21		26	1400 LAKE HEARN DR.	4. FEI Number 65-0095114	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	ATLANTA, GA.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	30319	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 32824		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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, LARRY	1.2 NAME	BERRY, G. DENNIS
STREET ADDRESS	1313 THORPE RD	1.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE PARKER	2.2 NAME	CECCOLI, DARRYL M
STREET ADDRESS	1313 THORPE RD	2.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKER, DENNIS E	3.2 NAME	GARTIN, ROBERT E.
STREET ADDRESS	1313 THORPE RD.	3.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	DEVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID REDUZZI	4.2 NAME	MERDEK, ANDREW A.
STREET ADDRESS	1313 THORPE RD	4.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARYL SMITH	5.2 NAME	
STREET ADDRESS	120 N.W. 12TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOHN	6.2 NAME	
STREET ADDRESS	1313 THORPE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date

Daytime Phone #

0004362

CR2E034 (9/96)