


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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90086 001 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K53032</b> 1. Corporation Name <b>GREATER AUCTION GROUP, INC.</b>					
Principal Place of Business <b>1400 LAKE HEARN DR ATLANTA GA 30319 US</b>			Mailing Address <b>1400 LAKE HEARN DR ATLANTA GA 30319 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/21/1988</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0095114</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 32824</b>			10. Name and Address of New Registered Agent <b>81 Name CSC</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 CHANGE IN PROGRESS</b> <b>84 City FL</b> <b>85 Zip Code</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DENNIS, BERRY G				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	CECCOLI, DARRYL M				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA				
TITLE	VDT	<input type="checkbox"/> DELETE			
NAME	GARTIN, ROBERT E				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MERDEK, ANDREW A				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA				
TITLE	ASAT	<input type="checkbox"/> DELETE			
NAME	LANGHORNE, MICHAEL J				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA 30319				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDREW A. MERDEK**

Date

2/16/99

Daytime Phone #

404-843-5000