

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K60907 (8)

1. Corporation Name
BARON AUCTIONEERS, INC.

Principal Place of Business
**1291 SW 27TH AVE.
POMPANO BEACH FL 33069-4320**

Mailing Address
**1291 SW 27TH AVE.
POMPANO BEACH FL 33069-4320**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/25/1989** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 6500 N. POWERLINE RD.		26 6500 N. POWERLINE RD.		4 65-012442		<input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 FT. LAUDERDALE, FL		28 FT. LAUDERDALE, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33309	25 U.S.A.	29 33309	30 U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOROTA, ALAN M.
PENTHOUSE 4 - CITICENTRE
290 N W 185TH ST
MIAMI FL 33169**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENTHAL, AARON	1.2 NAME	
STREET ADDRESS	253 JACARANDA DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENTHAL, ELEANOR	2.2 NAME	
STREET ADDRESS	253 JACARANDA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	DPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENTHAL, INA	3.2 NAME	
STREET ADDRESS	4747 NW 87TH LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *INA Leventhal* **INA LEVENTHAL** 4/10/95 (305) 928-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)