Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90037 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L07995

1. Corporation Name

MIDWAY	CONSIGNMENT CENTER,	INC.					L CERCUERO ROL ROLLE CORRO	HO HANDI AKKI OLOH A	18 0 0 010 0 0 800 0	LLOLL BYCKI LOAL
Principal Place	e of Business	Mailing Address)	4 10183 111 11011		
6094 GULF BREEZE PARKWAY 6094 GULF BREEZE PARKWAY				Y						
GULF BREEZE FL 32561 US GULF BREEZE FL 32561 US							DO NOT	WRITE IN THIS	SPACE	
Uð		US				3. 🖸	Date Incorporated or Qual			
						0	8/10/1989			
2. Principal Pl	lace of Business	2a. Mailing Address				1	El Number		 	plied For
21		26					9-2972346			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. C	Certifcate of Status Desire	d 🗆	\$8.75 A	
City & State	e	City & State				6. E	lection Campaign Financ	ing _	\$5.00	May Be
23		28				1	rust Fund Contribution	····s 🗆	Added t	
Zip	Country	Zip	Cour	ntry		8. T	his corporation owes the	current year Int		
24	25	29	30		_		ersonal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10. N	lame and Address of No	w Registered	Agent	
SHFI	RMAN, JOHN C.		Í	81	Name		· . <u> </u>			<u>.</u>
	GULF BREEZE PARKWAY			82	Street A	ddress (P.C). Box Number is Not Acc	ceptable)		
GULF	F BREEZE FL 32561		}	83	_			_		
			ţ	84	City			FL	85 Zip (Code
		20 1 207 4500 Florido Ctoto	t-a the et	2210 #	mad a		submits this statement for		changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized	by th	nameu c le corpor	ation's boar	rd of directors. I hereby a	ccept the appoi	intment as re	gistered
SIGNATURE		(NOT	- risutoma		' antiro mo		-4-4:	DATE	_	
	Signature, typed or printed name of registered ager	<u> </u>	E: Registered		ignature rec	quired when rein	stating) DDITIONS/CHANGES TO	DATE OFFICERS AN	ND DIRECTO	DRS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOT) ND DIRECTORS		Agent si		AL	DDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	DRS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	Agent si LE		Secre Sharan	tary	OFFICERS AN		
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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:

BOTHED