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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # L6

L67606

(8)

CHRISTENSON-ELMS AUCTION COMPANY, INC.

Principal Place of Business Mailing Address					<del></del>	- LEBERTON DIE BUILLE BEEF DELLE BUILL BEELL BUILL BEELL BUILL BEELL BUILL BEELL BUILL BEELL BUILL BEELL BUILL
1001 U.S. HIGHWAY ONE 1001 N. US HWY ONE						
SUITE 710 SUITE 710						DO NOT WRITE IN THIS SPACE
JUPITER FL 33477 JUPITER FL 33477 US						3. Date Incorporated or Qualified
		••				04/20/1990
2. Principal Place of Business 2a. Mailing Addre						4. FEI Number Applied For
21		26				65-0190359 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u> </u>	untry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Currer	29 Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
Ot Name						
CHRISTENSON, WARNER THOMAS						
	05 U.S. HWY. ONE PT. S-11A		<b>82</b> Stre		Street Addre	ess (P.Ö. Box Number is Not Acceptable)
	PITER FL <del>-83474</del> —		ļ			
	33477		84		City	■■ 85 Zip Code
· · ·					•	FL   -   -
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.						
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	Signature, typed or printed name of registered ag-	D DIRECTORS	(NOTE: Hegistere	a Agent	t signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELET		TLE		☐ Change ☐ Addition
NAME	CHRISTENSON, WARNER T.		1.2 N	AME		-
STREET ADDRESS 1605 U.S. HWY. ONE, APT S-11.		-11A	1.3 S	TREET A	DORESS	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		- ZIP	
TITLE		DELET	TE 2.1 TI	TLE		Change Addition
NAME	2.2		2.2 N/	AME		
STREET ADDRESS	ESS		2.3 \$1	2.3 STREET ADDRESS		
CITY-ST-ZIP				ITY-ST	-ZIP	
TITLE		☐ DELET	TE 3.1 TI	TLE		Change Addition
NAME			3.2 N			
STREET ADDRESS			3 3 S	PREET A	DDRESS	
CITY - ST - ZIP				ITY-ST	- ZIP	
TITLE		☐ DELET				Change Addition
NAME			4. 2 N			
STREET AODRESS			4.3 ST	reet a	DDRESS	
CITY - ST - ZIP		·		TY-ST-	ZIP	
TITLE		☐ DELET	1			☐ Change ☐ Addition
NAME			5.2 N/	4ME		
STREET ADDRESS	1		5.3 ST	REET A	DDRESS	
CITY-ST-ZIP				TY-ST-	ZIP	
TITLE		DELET	TE 6.1 TT	TLE		☐ Change ☐ Addition
NAME	}		6.2 N/	AME		
STREET ADDRESS	1		6.3 ST	REET A	DORESS	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE!

INTUFWARNER! TIFCHRISTONSON

1-14-98

561-575-4339

**FILED** 

Jan 23 1998 8:00am

Secretary of State