

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M50437 (6)

1. Corporation Name  
FLORIDA AUCTIONEERS, INC.

Principal Place of Business  
2317 PALM HARBOR DRIVE  
PALM BEACH GARDENS FL 33410

Mailing Address  
2317 PALM HARBOR DRIVE  
PALM BEACH GARDENS FL 33410-2889

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MCGLONE, CARLENE A.  
2317 PALM HARBOR DR.  
PALM BEACH GARDENS 33410

3. Date Incorporated or Qualified  
04/15/1987

3a. Date of Last Report  
04/23/1996

4. FLI Number

59-2799089

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MCGLONE, CARLENE  
STREET ADDRESS 2317 PALM HARBOUR DRIVE  
CITY-ST-ZIP P. BEACH GARDENS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME ☐ Change ☐ Addition

12.1 NAME

13.1 STREET ADDRESS

14.1 CITY-ST-ZIP

21.1 NAME

22.1 NAME

23.1 STREET ADDRESS

24.1 CITY-ST-ZIP

31.1 NAME ☐ Change ☐ Addition

32.1 NAME

33.1 STREET ADDRESS

34.1 CITY-ST-ZIP

41.1 NAME ☐ Change ☐ Addition

42.1 NAME

43.1 STREET ADDRESS

44.1 CITY-ST-ZIP

51.1 NAME ☐ Change ☐ Addition

52.1 NAME

53.1 STREET ADDRESS

54.1 CITY-ST-ZIP

61.1 NAME ☐ Change ☐ Addition

62.1 NAME

63.1 STREET ADDRESS

64.1 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 file 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.

FILED

97 JUN 26 AM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)