


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90718 012 \*\*\*150.00


**DOCUMENT # P0000087363**

1. Entity Name  
**EMAZE AUCTION SOFTWARE, INC.**



Principal Place of Business Mailing Address  
**6103 JOHNS ROAD, SUITE #1 TAMPA, FL 33634** **PO BOX 260502 TAMPA, FL 33685**

**94080239**



2. Principal Place of Business 3. Mailing Address  
**7028 W. WATERS AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 110**

04262004 Chg-P CR2E034 (10/03)

City & State City & State  
**TAMPA FL**

Zip Country Zip Country  
**33634 USA**

4. FEI Number Applied For  
**59-3671076** Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TORTORELLO, JOHN V**  
**4822 BONITA VISTA DR**  
**TAMPA, FL 33634**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PLAVNICK, BRIAN
STREET ADDRESS	6103 JOHNS ROAD, SUITE #1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PLAVNICK, KIMBERLY
STREET ADDRESS	6103 JOHNS ROAD, SUITE #1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	V <input type="checkbox"/> Delete
NAME	TORTORELLO, JOHN V
STREET ADDRESS	4822 BONITA VISTA DR
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAVNICK, BRIAN
STREET ADDRESS	7028 W. WATERS AVE # 110
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Tortorello VP* **4/26/04** **813-886-6992**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #