SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P93000061399 (0)

J. CELLI AUCTIONEERS, INC.

Principal I	Place of	Business
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FILED Jul 23 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	_		· _	- <u>† </u>	 	
526 GONDOLI	ER TERRACE	526 GONDOLIER TERRA	CE					
DELTONA FL 32725		DELTONA FL 32725			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	3a, Date of Last F	Report
						08/30/1993	05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		oplied For
1		26				59-3197997		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
27					ļ	Fee R	equired	
City & State	9	City & State			6. Election Campaign Financing		May Be	
Zíp	Country	Zip Zip	Cou	intry		Trust Fund Contribution	- 7,0000	to Fees
4	25	29	30	i y		8. This corporation owes or has paid Personal Property Tax due June 3		No
	9, Name and Address of Current		[00]		****	10. Name and Address of New Reg		
CE	LLI, JOHN F	***************************************		81	Name			
	GONDOLIER TERRACE			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	LTONA FL 32725					The state of the s		
				83				
				84	City		85 Zip	Code
				$oxed{oxed}$				
11. Pursuant to office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State (? and 607.1508, Florida Statu of Florida. Such change was	tes, the a authorize	bove d by	e-named corporation	oration submits this statement for the pu on's board of directors. I hereby accept	irpose of changing i the appeintment as	ts registered registered
agent. i a	m tamillar with, and accept the obliga		orida Sta	tutes	S .	つ1.	5/07	
SIGNATURE	Silvature, typed or printed name of registered agen	t and title if applicable (NO)	F: Registere	d Ape	int signature require	ed when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	0	☐ DELETE	1.1 (TLE			Change	Addition
NAME	CELLI, JOHN F		1.2 N	AME	ŀ			
STREET ADDRESS	526 GONDOLIER TERRACE		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725	T DELCAR		TY-S	T-ZIP			<u> </u>
TITLE	☐ DELETE 2			2.1 TITLE			Change	☐ Addition
NAME			2.2 N					
STREET ADDRESS			•	2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 C		ST-ZIP		Change	Addition
NAME		viccit	3.1 11 3.2 N		ļ		C Outsilike	
STREET ADDRESS			- 1		ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DELETE	4.1 Te				Change	Addition
NAME			4.2 N	AME				ļ
STREET ADDRESS			4.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	TY - S1	T- ZIP			
TITLE	· · ·	☐ DELETE	5.1 1				☐ Change	Addition
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		Distr		TY-S	T-ZIP			Analise:
TITLE		DELETE	6.1 TI				☐ Change	Addition
NAME			6.2 N		IDDD506			
STREET ADDRESS			6.3 \$	HEET	ADDRESS			

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 Statules. 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 charged or on an attactment with an address.