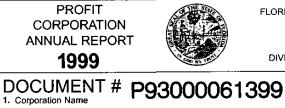
PROFIT CORPORATION ANNUAL REPORT

1999

J. CELLI AUCTIONEERS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90024 019 ***150.00

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| Principal Place of Business Mailing Address | | | | | (1984/881 sin joint tritt nettit natur detit some sines ijane cinte letin can sant | | |
|---|---|---|--------------------------|---------------------|--|-------------------|---------------|
| 526 GONDOLIER TERRACE 526 GONDOLIER TERRACE | | | | | | | |
| DELTONA FL 32725 DELTONA FL 32725 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 08/30/1993 | | |
| '2. Principal Pl | lace of Business | 2a. Mailing Address | | • | 4. FEI Number | <u> </u> | plied For |
| 21 | | 26 | | | 59-3197997 | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A | |
| City & State | е | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added 1 | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | Intangible | _ |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | Yes | □No |
| <u></u> 1 | 9. Name and Address of Curre | <u> </u> | | | 10. Name and Address of New Register | ed Agent | |
| | | | 81 | Name | | | |
| CELLI, JOHN F | | | 82 | Stroot Add | ress (P.O. Box Number is Not Acceptable) | | |
| 526 GONDOLIER TERRACE | | | | Sireet Add | ness (F.O. Box Number is Not Acceptable) | | |
| DELT | TONA FL 32725 | | 83 | 1 | <u> </u> | | |
| | | | 84 | City | F | 85 Zip (| Code |
| l office or re | egistered agent, or both, in the State in familiar with, and accept the oblig. | e of Florida. Such change was autrations of, Section 607.0505, Florid | nonzed by la Statutes | the corporati | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | pointment as re | gistered |
| 42 | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: RI ND DIRECTORS | 13. | nt signature requir | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | ORS IN 12 |
| 12. TITLE | D | DELETE | 1.1 TITLE | <u> </u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Change | Addition |
| | _ | | 1.2 NAME | | | | |
| NAME OTDEET 40000000 | CELLI, JOHN F 526 GONDOLIER TERRACE | | | T ADDRESS | | | |
| STREET ADDRESS | | | 1.4 CITY-S | | | | |
| CITY-ST-ZIP | DELTONA FL 32725 | ☐ DELETE | 2.1 TITLE | -1-ZIF | | ☐ Change | Addition |
| | | | 2.2 NAME | | | | |
| NAME | | | | TADDRESS | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 2. 4 CITY-5 3.1 TITLE | 31-217 | | Change | Addition |
| TITLE | | | 3.2 NAME | | | | |
| NAME | | | | T ADDRESS | | | , |
| STREET ADORESS | | | | | | | 1 |
| CiTY-ST-ZIP TITLE | | ☐ DELETE | 3.4. CITY-5 4.1 TITLE | 31- LIF | | ☐ Change | ☐ Addition |
| | } | , | 4. 2 NAME | | | _ • | _ |
| NAME CEDET ADDRESS | | * | | TADDRESS | | | |
| STREET ADDRESS | | | 4.4 CITY-S | l | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE | II- GIF | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| ļ | | | 1 | TADDRESS | | | |
| STREET ADDRESS | | | 5.4 CITY-S | i | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | - | | ☐ Change | Addition |
| TITLE | | | 6.2 NAME | | | | |
| NAME | | | | TADODECC | | | |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | | | |

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 attachment with an address, with a supplemental content of the corporation 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 a supplemental content of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: __

CITY-ST-ZIP

SIGNATURE AND TYPED OR