FILED Apr 30, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # PQ400027118

1. Corporation	UCTION ENTERPRISES, IN				( CERCHARI SIR IRVIY BYEY BERNI ARNI A	1841 <b>44</b> 11 41 <b>8</b> 11 4 <b>648</b> 1 41 <b>84</b>	HERN IZIN 1881
Principal Place of Business Mailing Address					· I (BBI)\$EBI \$18 18111 81841 88111 89111 1	18()  89)  B   B   (886) (188)	)(# <b>\$</b> ) ( <b>\$</b> () ( <b>#\$</b> )
6825 VISTA PKY. N. 6825 VISTA PKY. N.							
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					04/05/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0492846		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	⇒ \$8.75 A	
27						Fee Re	·
City & State City & State					6. Election Campaign Financing	\$5.00 Added t	- 1
23	Country	28	Country		Trust Fund Contribution		0 rees
Zip	Country 25	Zip [	30		<ol><li>This corporation owes the current Personal Property Tax.</li></ol>	Yes Tricangible	□No
24	9 Name and Address of Curren		30		10. Name and Address of New Reg	istered Agent	
	g. Name and Address of Correct		81	Name	,		
GRA	ntham, kirk esq.		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable	<u></u>	
1860 FOREST HILL BOULEVARD			02	Street Add	ress (F.O. Box Number is Not Acceptable	<del>-</del> )	
	E 105		83				•
WEST PALM BEACH FL 33406			84	City		85 Zip (	Code
						FL	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at tions of, Section 607.0505, Flor	ithorized by ida Statutes	the corporati	oration submits this statement for the pu on's board of directors. I hereby accept t de when reinstaling)	rpose of changing its he appointment as re	gistered
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS			it signatore requir	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	☐ DELETE	13. 1.1 TITLE			Change	☐ Addition
NAME	GRIFFIN, DERRICK		1.2 NAME	Į			
STREET ADDRESS	12229 QUERCUS LANE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33414	i	1.4 CITY-ST	T-ZIP			
TITLE			2.1 TITLE			☐ Change	Addition
NAME	GRIFFIN, DIANE R		2.2 NAME	}	•		
STREET ADDRESS	12229 QUERCUS LANE	•	2.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33414		2. 4 CITY-S	T-ZIP			
TITLE		■ DELETE	3.1 TITLE		. •	Change	Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			,
CITY-\$T-ZIP	□ pr/ cm		3.4. CITY+S	T-ZIP	···	Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE	)		☐ Change	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET		•	•	
CITY-ST-ZIP		☐ DETELE	4.4 CITY-S' 5.1 TITLE	T-ZIP		☐ Change	Addition
TITLE	•		5.1 VILE 5.2 NAME	1			
NAME OTDEET ADODESS			5.3 STREET	ADDRESS	,	•	
STREET ADDRESS			5.4 CITY-S	•			
CITY-ST-ZIP TITLE	<del>                                     </del>	☐ DELETE	6.1 TITLE	<del></del>		☐ Change	Addition
NAME			6.2 NAME				

CITY-ST-ZIP 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 a vaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

(561) 689–9433