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 FLORIDA DEPARTMENT OF STATE SECRETARY SECRETARY OF STATE SECRETARY OF STATE SECRETARY SECRETARY SECRETARY SECRETARY SECRETARY SECR

FILED

l .	MENT # P9400(TE AUCTIONEERS, INC.				1.000,000	FIRM BARIA BARIA BRAKA	RAGU ROHA BURU BAUK ARAU AR	DIA 1181 1881	
Principal Place of Business 1480 GOLDEN GATE PARKWAY #103271 NAPLES FL 34105		Mailing Address 1460 GOLDEN GATE PARKWAY #103271 NAPLES FL 34105-3128							
					3. Date Incom 05/23/199	orated or Qualifie	3a. Date of Last 09/23/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Numbe			Applied For	
21		26			65-0498	307		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate	of Status Desired		Additional		
22		27					Fee	Required	
City & Stat	ie .	City & State				mpaign Financing		0 May Be	
		Zip	Country			Contribution		d to Fees	
24	25	29	30	'	Florida Stat	•	for intangible tax under	s. 199.032,	
	9. Name and Address of Curre		1001				Registered Agent	· — · · · · · · ·	
GLU	CKMAN, KEN		81	Name					
1460 GOLDEN GATE PARKWAY				Street	Address (P.O. Box Nur	ress (P.O. Box Number is Not Acceptable)			
SUITE 103			ļ	ļ					
NAPLES FL 33942			83	1					
			84	City			85 Zi	p Code _	
44.5	A			İi			FL ° 3	Code 4105	
office or r agent. I a SIGNATURE	to the projections of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig statum familiar with and accept the oblig statum of the				poration's board of dire	ctors. I horeby ac	coupt the appointment a	as registered	
12.		NU THE CTORS	13.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO		
TITLE	D DELETE		1 1 THLE				Change	. Addition	
NAME	THE COURT OF THE PROPERTY AND		1.2 NAME						
MARIES EL SASAS		AT, #103		LADDRESS	NA DI E C	17-1	マルハクビ		
CITY-ST-ZIP	IMPLES PL 03542	DELETE	1.4 CHY - ST - Z/P 2.1 T(TLE		NAPLES	FL	34105 Change	Addition	
NAME		E Otten	2.2 NAME				L Onlings	, LI MODITION (
STREET ADDRESS			2.3 STREE	LANDRESS	1				
CITY-ST-ZIP			2 4 CITY-						
TITLE		DELETE					Change	Addition	
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREE	ADDRESS					
CITY-ST-ZIP			3.4. CITY -	\$1 - 71P					
TITLE	DELETE		4111116				☐ Change	: 🔲 Addition	
NAME			4 2 NAME					ſ	
STREET ADDRESS			4.3 STREE						
CITY-ST-ZIP	DELETE		4.4 CITY - 5	ST - 7(P			Change		
TITLE			5.1 TITLE 5.2 NAME				change	: ∐ Addition	
NAME STREET ADDRESS				LAMODECC					
CITY-ST-ZIP			5.3 STREET 5.4 CITY-5						
TITLE		DELFTE	54 UITY-3	51 - 7 IL.	·		Change	Addition	
NAME		—	6.2 NAME					_ '	
STREET ADDRESS	i		6.3 S 1REC1	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	ST - 20P					

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the argual 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 exemptation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.