FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P940 0 C AUCTION, INC.	00055172 ((8)		
Out	ACCION, INC.				
Principal Place	of Business	Mailing Address			
1920 N.W. 44TH ST. POMPANO BEACH FL 33064		1920 N.W. 44TH ST. POMPANO BEACH FL 33064			
				 Date Incorporated or Qualified 07/26/1994 	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0510905	Not Applicable
22		27		5. Certificate of Status Desired	See Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes	_ No
	g. Name and Address of Currer	t Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
CALAMUSA, MILLICENT 1920 N.W. 44TH ST.					
			82 Street Addr	ess (P.O. Box Number is Not Acceptable	9)
POMPA	NO BEACH FL 33064		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above named corpora	ation submits this statement for the purp	<u>FL </u>
	a agent, or both, in the State of Florid , and accept the obligations of, Sect			allori submits trils statement for the purp d of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE					
12.	gnature, typed or printed name of registered agent OFFICERS ANI		OTE: Registered Agent signature required 13.		DATE
TITLE	PT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CALAMUSA, MILLICENT		1.2 NAME		
STREET ADDRESS	1920 N.W. 44TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3306	·	1.4 CITY - ST - ZIP		
Title		☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDOCSS			2 2 NAME		
STREET ADDRESS Cily-St-Zip			2.3 STREET ADDRESS		
TIFLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		_	3.2 NAME		Change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-2HP			34 CITY-ST-ZIP		
) I ! LE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
DITY-ST-ZIP		☐ DELETE	5 4 CITY-ST-ZIP		F-1 0
NAME		☐ herrit	6 1 TITLE		Change Maddition
STREEL ADDRESS			6.2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS		
14. Ldo hereby r	pertify that the information supplied w	ith this filing is voluntarily furn	6 4 CITY-ST-ZIP hished and does not qualify for	r the exemption stated in Section 119.07	7(3)/k) Florida Statutos I further
	m an officer or director of the corpor lock 12 or Block 13 if changed, or or	ation or the receiver or trusten an an ittachment with an addr		e and that my signature shall have the sa report as required by Chapter 607, Flori	ame legal effect as if made under da Statutes; and that my name
SIGNATU	IRE: Willeger	A Jalanuse		4/29/96 95	74-3458500

SIGNATURE: