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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

COF	RPORATION UAL REPORT 1997	Sandra I Secreta	B. Mortham ary of State CORPORATIONS		
	MENT # P94000 AS J. SMITH AUCTIONEER, I	085956 (8) Inc.		A IRBITARI UK KATIL RIBIL BONI BANK RAK	I
Principal Place 3701 EAGLEW VALRICO FL 3 US	ce of Business 1000 STREET 13594	Mailing Address C/O DOUGLAS J. SMITH 3701 EAGLEWOOD STRE VALRICO FL 33594-6342 US		Date Incorporated or Qualified	3a. Date of Last Report
्या	Place of Business	2a. Mailing Address		11/28/1994 4. FEI Number 59-3284860	04/29/1996 Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 City & State		Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
Zip	Country	28 Z ₁ p	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees intangible tax under s. 199.032,
24	9, Name and Address of Current	29 Registered Agent	81 Name	10. Name and Address of New Re	
188	SMITH, DOUGLAS J 1885 SETON CT CLEARWATER FL 34623			5mith, Douslas 1988 (P.O. Box Number is Not Acceptable 1991 Englewood	J ST
	•		83	VALRICO	FL 85 Zip Code 3 3594
office or r agent. I a	Chinis Am	in Cherie	Smith V	poration submits this statement for the p lion's board of directors. I hereby accep	4-7-47
SIGNATURE	Signature, typed or printed name or registered agent OFFICERS AND		E. Registered Agent signature require 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TITLE	P DOUGLAS J. SMITH	DELETE	1.1 TITLE 1.2 NAME	TIDDITION OF THE PARTY OF THE P	Change Addition
STREET ADDRESS (CITY-ST-ZIP	3701 EAGLEWOOD STREET VAIRICO FL		1.3 STREET ADDRESS 1.4 Crty-St-Zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERIE SMITH 3701 EAGLEWOOD STREET VALRICO FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change LJ Addition
MAME STREET ADDRESS		DELETE	31 TITLE 32 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 C/TY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP ITILE NAME		DÉLETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	··	Change Addition
STREET ADDRESS CITY-ST-ZIP	av earlife that the laternative for a land	51 d 2 FP	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Lin Continue d 10 07/2V/) Florido Cloudes	

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 this annual expert of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the contoration or the receiptor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Florida Statutes, or on an exactment with an address.