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 # P95000048104

1. Corporation Name

SHULER & SHULER REAL ESTATE AUCTIONEERS, INC.

						<u>. </u>			
Principal Place of Business Mailing Address									
428 JULIA ST 428 JULIA ST									
TITUSVILLE FL 32796-3522		TITUSVILLE FL 32796-3522	TITUSVILLE FL 32796-3522			DO NOT WRITE IN THIS SPACE			
					<u> </u>	3. Date Incorporated or Qualifed		717102	-
						06/16/1995			
a Deimeinal Di	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
<u> </u>	ace of business	— ·				59-3323061		· -	Not Applicable
21 Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.						Additional
		27	¬ ' '			Certificate of Status Desired		•	Required
City & State		City & State				6. Election Campaign Financing		\$5.0	May Be
23	•	28			1	Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country			8. This corporation owes the curre	ent year Inta	ngible	
24	25	29 3	ا ا			Personal Property Tax.		☐Yes	□No
24]	9. Name and Address of Curren	_ 			1	0. Name and Address of New R	egistered A	gent	
			81	Name					}
SHULER, DEBRA			-	Street	Addrosp	(P.O. Box Number is Not Accepta	ble)	-	
428 .	JULIA ST		82 Street Ad			(F.O. Box Number is Not Accept	.0.0)	_	
TITUS	SVILLE FL 32796-3522		83	 					
			84	City			<u>.</u>	85 Zi	o Code
			Ì	. ′			FL_	<u> </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	nonizeu py	r the corp	oration's	board of directors, I hereby accep	t the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature r	required who	en reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	FORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		T .	-		☐ Chang	e 🔲 Addition
NAME	SHULER, DEBRA		1.2 NAME						
STREET ADDRESS	422 JULIA ST		1.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	TITUSVILLE FL 32796-3522		1.4 CTY-	ST-ZIP					
TITLE	n	☐ DELETE	2.1 TITLE				_	☐ Chang	e 🔲 Addition
NAME	HADDAD, MICHAEL		2.2 NAME						
STREET ADDRESS	2825 S WASHINGTON AVE		2.3 STREE	T ADDRESS	3				Į
	_TITUSVILLE FL 32781-0096		2.4 CITY-						
CITY-ST-ZIP TITLE	_11100VIELE 1 E 32701 0000	DELETE	3.1 TITLE	<u> </u>	+			Chang	e Addition
NAME			3.2 NAME		1				{
				T ADDRESS	<u>,</u>				
STREET ADDRESS			3.4. CITY-						ļ
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE					Chang	e
NAME			4. 2 NAME	Ī					ļ
				T ADDRESS	s		•		
STREET ADORESS			4.4 CITY-						
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		+		·	Chang	e Addition
TITLE			5.2 NAME						
NAME				ET ADDRESS	s				
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		+			☐ Chang	e Addition
TITLE			6.2 NAME					_ •	_
NAME			1	ET ADDRESS	s				İ
STREET ADDRESS			6.4 CITY-						-
CITY-ST-ZIP'	l.		0.7 0/11-	O 1 - TH.	-1				

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 suppliemental 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 all other like empowered.

SIGNATURE

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90044 050 ***150.00