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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT 1996 DIVISION OF CORPORATIONS P95000077330 (5) DOCUMENT # BONDED AUCTIONEERS, INC. Principal Place of Business Maling Address 6110 FALCON'S GATE AVE. 6110 FALCON'S GATE AVE. FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0612699 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No.

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name MARKS, LOUIS J 82 Street Address (P.O. Box Number is Not Acceptable) 6110 FALCON'S GATE AVE. FT. LAUDERDALE FL 33331 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DELETE 1 1 1 1 1 1 6 Change Addition MMI MARKS, LOUIS J 1.2 NAME 6110 FALCON'S GATE AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33331 CITY ST ZIF 1.4 CITY - ST - ZIP THEF DELETE 2 1 TITLE Addition Addition Change NAME 2.2 NAME STREET ASIGNESS 2.3 STREET ADDRESS C 11-ST ZIP 2 4 CITY - \$1 - ZIP THUE □ DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS C-17 S1-ZiP 3.4 CITY - ST - ZIP THEF DELETE 4.13th F Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY - \$1 - 21P 4.4 CITY-ST-ZIP DELETE 30.6 5 1 TITLE Change ☐ Add:tion NAME 5.2 NAME STREET ACCORESS 5.3 STREET ADDRESS OBY-\$1-79 5.4 CITY - ST-ZIP Talle DELETE 6 1 TITLE Change Addition Notes 6.2 NAME SPREET ADDRESS 63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated or 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY-ST-ZIP

SIGNATURE

COTY \$1-20

DOIS J. MARKS