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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90006 049 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000090107**1. Corporation Name

THE AUCTION HOUSE, INC.

:								
Principal Pla	ice of Business	Mailing Address				-	 	5) 55) 156 166
955 S CONGR	· · · · · · · · · · · · · · · · · · ·	955 S CONGRESS AVE						
112 ،		112					i i	• .
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445			5			DO NOT WRITE IN T	HIS SPACE	1
US		US				3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address	•			01/01/1996 4. FEI Number		: : : :
21	· idoo or business	26				65-0620126		Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				03-0020120		Not Applicable Additional
22		27				5. Certifcate of Status Desired .		Required
City & Sta	ate	City & State				6. Election Campaign Financing		O May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	itry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	V ZNo
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Register	ed Agent	-
BR/	ACKETT, DOUGLAS F		ľ	81 Na	me .			
	SO S.E. 14TH DRIVE		8	82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
	ERFIELD BEACH FL 33441		l-	B3			130 0 0 0 0	
	MILLO DESCRIPTION			83		・ 一	特包提供	
			8	84 City	у	The second of th	. 85 Zi	Code
		<u> </u>					<u>• L</u>	
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্ট agent. I	am familiar with, and accept the obliga	of Florida, Silen chando was a	authorizad k	hu tha c	ned corpor orporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changing i pointment as	ts registered registered
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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 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 convoration or the eceiver 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 charged; or on an attact ment an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP