


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0117091

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000050531</b>					
1. Corporation Name <b>ORLANDO ORANGE COUNTY AUTO AUCTION, INC.</b>					

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RECEIVED STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>151 TAFT-VINELAND ROAD ORLANDO FL 32824</b>		Mailing Address <b>P.O. BOX 516 BEL AIR MD 21014</b>	
2. Principal Place of Business 21 <b>1400 LAKE HEARN DR.</b>	2a. Mailing Address 26 <b>1400 LAKE HEARN DR.</b>	4. FEI Number <b>52-1987166</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>ATTN: CORP. TAX DEPT.</b>	Suite, Apt. #, etc. 27 <b>ATTN: CORP. TAX DEPT.</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>ATLANTA, GA.</b>	City & State 28 <b>ATLANTA, GA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24 <b>30319</b>	Country 25 <b>USA</b>	7. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Date Incorporated or Qualified <b>06/13/1996</b>	
8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

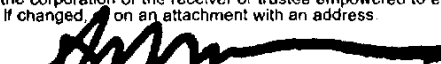
9. Name and Address of Current Registered Agent <b>BONUS, PHILIP F 170 E WASHINGTON STREET ORLANDO FL 32801</b>	
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10. Name and Address of New Registered Agent 81 Name <b>CORPORATION SERVICE COMPANY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 HAYS STREET</b> 83 84 City <b>TALLAHASSEE</b> FL 85 Zip Code <b>32301</b>	
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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.	
SIGNATURE <b>Deborah D. Skipper</b> Signature, typed or printed name of registered agent and title if applicable	DATE <b>7/27/99</b> (NOTE: Signature and Date are required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NICHOLS, RAYMOND C P.O. BOX 516 N/A BELAIR MD 21014</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NICHOLS, ELAINE G P.O. BOX 516 N/A BELAIR MD 21014</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P.O. DENNIS BERRY 1400 LAKE HEARN DR. ATLANTA, GA. 30319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V; D DARRYL M CECOLI 1400 LAKE HEARN DRIVE ATLANTA, GA. 30319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S; D ANDREW A. MERDEK 1400 LAKE HEARN DR. ATLANTA, GA. 30319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V; D; T ROBERT E. GARTIN 1400 LAKE HEARN DR. ATLANTA, GA. 30319</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>LS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>000002948550--5 -08/03/99--01020--020 *****550.00 *****550.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, on an attachment with an address.	
SIGNATURE: 	DATE <b>7/23/99</b> DAYTIME PHONE # <b>404-843-5000</b>

CR2E034 (5/99)