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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

Secretary of State

(96/6)

0105301

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075821 (4)

DARLING REALTY AND AUCTION, INC.

311 OCEAN AVENUE POST OFFICE BOX 510385 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-0385 3. Date Incorporated or Qualified 3a. Date of Last Report 09/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt. #, etc. \$8,75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country  $Z_{\rm IP}$ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DARLING, MICHAEL BRUCE PRES. SEC. TRES. 311 OCEAN AVENUE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE BEACH FL 3295 83 84 City 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 for 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and trin B applicable Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE RLING 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY-ST-7P DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY - ST - ZIF Change Addition DELETE TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-7/2 Addition ☐ DELETE Change TITLE 5 | TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHTY - 51 - 7-P DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name