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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State: DIVISION OF CORPORATIONS

## DOCUMENT # P96000077855 (0)

FISHER MOORE AUCTIONEERING, INC.

Principal Place of Business Mailing Address 1234 AIRPORT ROAD 1234 AIRPORT ROAD SUITE 100 DESTIN FL 32541 SUITE 100 DESTIN FL 32541-2924 **APPROVED** AND

97 FEB -5 PH 1:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



									3. Date incorporated or Qualified 09/19/1996	3a. Date	of Last Re	eport	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 11 = 744			plied For	
21				26 P.O. BOX 607					39-3713 111			t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Service Servi				
City & State				City & State					6. Election Campaign Financing		\$5.00	Mey Re	
23			28					Trust Fund Contribution Added to Fees					
Zip					Zip Cour				8. This corporation has liability for intangible tax under s. 199.032,				
24	252930								Florida Statutes				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
MCGILL, ROBERT E III 743 HIGHWAY 98, EAST SUITE 5 DESTIN FL 32541							81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83						
DEG	1111 1 1 3234												
						8	4 City			FL	<b>85</b> 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	Signature, typed or	r printed name of re	inistered agent a	nd title if applica	ble. (NO)	It : Registered A	gen: signa	ure require	ed when reinstating)	DATE			
12.			CERS AND D			13.			ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	
TITLE	39005		CE PR	E5106	DELETE	1.1 TITU		Τ			Change	Addition	
NAME Jane moores						1.2 NAM	1						
STREET ADDRESS 650 Beach Dr - 1-0. Box 607						1.3 STRE	et addres	s					
CITY-ST-ZIP	MY-ST-ZIP DESTIN 1 F1 32541						1.4 City - St - ZiP					)}	
TITLE	VICE	PRES	100	<del>07</del>	DELETE	2.1 J 1L0					Change	Addition	
NAME	Robert R. MODRE  P.O. BOX 607 (1234 Amount 21)  2												
STREET ADDRESS	ET ADDRESS P.O. BOLLOT (1234 ANDON AT)						2.3 STREET ADDRESS					[	
CITY - ST - ZIP	Des7	TIN P	7. 32	540		2 4 0111	- \$1 - ZIP					İ	
TITLE	Seci	ret AR			DELETE	3.1 TITLE				T	Change	Addition	
NAME	Jan	e mo	bre 2	, B	N 607	3.2 NAM	ł						
STREET ADDRESS	650 B		3.3 STRE	ET ADDRES	s				l				
CITY-ST-ZIP	Dear	MIN, F	<sup>2</sup> / 32	541		3.4 CITY	-ST-ZIP					1	
TITLE	TREI	ASURE	R_		DELETE	4.1 1111.1					Change	Addition	
NAME	Robe	Mr R	ညာဖွ	ore as	in DELETE R	4.2 NAN	E					1	
STREET ADDRESS	R.O.	BX 0	0 / 0			4 3 STRE	ET ADDRES	5				l	
CITY-ST-ZIP	Dest	W', FI	<i>'. 3</i> 2	640		4 4 CITY	-ST-ZIP						
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NAME						5 2 NAM	E	1				}	
STREET ADDHESS	et addhess						5.3 STREET ADDRESS		1 Prahalas				
CITY-ST-ZIP						5.4 CITY	ST-ZIP		St 2/12/11   Change   Addition				
TITLE					DELETE	6.1 TITLE		1			Change	Addition	
NAME						6.2 NAM	Ė		,	4		}	
STREET ADDRESS						6.3 STRE	et addres	s	A va the con		nO.		
CITY-ST-ZIP						6.4 CITY			Dank Dept 165.				
14. I do hereb informatio	n indicated or flicer or direct	n this annual re or of the corp	eport or sup	plemental a receiver o	nnual report is t	ify for the ex true and ac vered to ex	emptior	nd that	in Section 119.07(3)(i), Florida Statule my signature shall have the same log t as required by Chapter 607, Florida	al effect as if	f made und	der oath; that I	