## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

**PROFIT** COMPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## **FILED** Aug 26 1998 8:00am

	JAL REPORT Secretary of Str 1998 DIVISION OF CORPO			•		Secretary of State	
DOCUI 1. Corporation	MENT # P970	000157	03 (6)			}	
STEVEN	RUBIN AUCTIONEERS	INC.	` ,				
Principal Place	e of Business	Mailing	Mailing Address				00121 11881 BTHE 16211 02100 UNI 1801
219 PRAIRIE DUNE WAY							
ORLANDO FL 3	12828	ORLAND	O FL 32828			DO NOT WRITE IN	THIS SPACE
)						3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Malling Address					02/14/1997 4. FEI Number	Auglied For	
21		26				59-3458608	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27	City & State				Fee Required
City & State		28	— ·			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	<del></del>			intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					A-7	10. Name and Address of New Regist	ered Agent
RUBIN, STEVEN				81 Name			
1	Prairie dune way Ando Fl 32828				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ONE-NIDO 1 E 02020				83			
				84 City		85 Zip Code	
	<del></del>	<del></del>					FL
11. Pursuant office or agent. I s	i to <b>the</b> provisions of sections 60 reg <b>iste</b> red agent, or both, in thi am <b>fa</b> miliar with, and accept the	07,0502 and 607,150 State of Florida, Sign obligations of, sec	08, Florida Statuk uch change was ∄ion 607.0505, Fl	es, the ab authorized lorida Stat	ove-named corp d by the corpora jutes.	oration submits this statement for the purpose tion's board of directors. I hereby accept the	o of <b>cha</b> nging its registered appointment as registered
SIGNATURE .	Signature, typed or printed name of registi	ared agont and title if applic	able (N	OTF: Registe	red Agent signature re	rquired when reinslating) D	ATE
12.	OFFICE	RS AND DIRECTOR		13.			
TITLE	PST					ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
NAME	rubin, steven		DELETE	1.1 70	i	<u> </u>	RS AND DIRECTORS IN 12 Change Addition
			DELETE	1.1 Til 1.2 N/	ME	<u> </u>	RS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	219 PRAIRIE DUNE WAY		DELETE	1.1 Til 1.2 N/ 1.3 ST	ME REET ADDRESS	<u> </u>	RS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE				1.1 Til 1.2 N/ 1.3 ST	ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	Change Addition
CITY-ST-ZIP	219 PRAIRIE DUNE WAY		DELETE	1.1 Til 1.2 NA 1.3 ST 1.4 Cl	REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	La Charge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	219 PRAIRIE DUNE WAY			1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 STI	ME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS	ADDITIONS/CHANGES TO OFFICER	La Charge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 PRAIRIE DUNE WAY		DELETE	1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 STI 2.4 CI	ME REET ADDRESS TY-ST-ZIP LLE LME REET ADDRESS TY-ST-ZIP	300002625 -08/26/9801083	Addition 3-014
CITY-ST-ZIP TITLE NAME STREET ADDRESS ( CITY-ST-ZIP TITLE	219 PRAIRIE DUNE WAY			1.1 Til 1.2 NA 1.3 ST 1.4 Cli 2.1 Til 2.2 NA 2.3 STI 2.4 Cli 3.1 Til	ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE	300002625 -08/26/9801083	La Charge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 PRAIRIE DUNE WAY		DELETE	1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 CI 3.1 Til 3.2 NA	ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE	300002625 -08/26/9801083	Addition 3-014
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	219 PRAIRIE DUNE WAY		DELETE	1.1 Ti 1.2 NA 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE	300002625 -08/26/9801083	Addition 3-014
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	219 PRAIRIE DUNE WAY		DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 Til	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP	300002625 -08/26/9801083	Addition 3-014
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	219 PRAIRIE DUNE WAY		DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST 3.4 Ci 4.1 Til 4.2 NA	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME ME ME ME	300002625 -08/26/9801083	Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	219 PRAIRIE DUNE WAY		DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST 3.4 Ci 4.1 Til 4.2 NA 4.3 ST	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	300002625 -08/26/9801083	Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	219 PRAIRIE DUNE WAY		DELETE DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST 3.4 Ci 4.1 Til 4.2 NA 4.3 ST	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	300002625 -08/26/9801083	Addition  Change Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	219 PRAIRIE DUNE WAY		DELETE	1.1 Ti 12 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST 3.4 Ci 4.1 Til 4.2 NA 4.3 ST 4.4 Ci	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	300002625 -08/26/9801083	Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	219 PRAIRIE DUNE WAY		DELETE DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST 4.4 Ci 4.1 Til 4.2 NA 4.3 ST 4.4 Ci 5.1 Til 5.2 NA	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	300002625 -08/26/9801083	Addition  Change Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 PRAIRIE DUNE WAY		DELETE DELETE DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Til 3.2 NA 3.3 ST 4.4 Ci 4.1 Til 4.2 NA 4.3 ST 4.4 Ci 5.1 Til 5.2 NA 5.3 ST 6.4 Ci	ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	300002625 -08/26/9801083	Addition Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	219 PRAIRIE DUNE WAY		DELETE DELETE	1.1 Ti 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 NA 2.3 ST 2.4 Ci 3.1 Ti 3.2 NA 3.3 ST 3.4 Ci 4.1 Ti 4.2 NA 4.3 ST 4.4 Ci 5.1 Ti 5.2 NA 5.3 ST	ME REET ADDRESS TY-ST-ZIP TLE IMBE REET ADDRESS TY-ST-ZIP LE IMBE	300002625 -08/26/9801083	Addition  Change Addition  Change 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, or on an attachment with an address.

SIGNATURE:

8/12/18

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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 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, or on an attachment with an address.

Enclosed is a check for \$150 for the profit corporation annual report. There was no original document sent to me Please about the penalty of \$400. Thankyou. Steen R