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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700041174 (8)

FEDERAL ESTATE BUYERS, PAWNBROKERS & AUCTIONEERS , INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 29 1998 8:00am Secretary of State



4215 TRANQUILITY DRIVE 4215 TRANQUILITY DRIVE HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0754623 6884 B N POWERline Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FT Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GERHOFF, JEFFREY **4215 TRANQUILITY DRIVE** Street Address (P.O. Box Number is Not Acceptable) HIGHLAND BEACH FL 33487 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change GERHOFF, JEFFREY 1.2 NAME 4215 TRANQUILITY DRIVE STREET ADDRESS 1.3 STREET ADDRESS HIGHLAND BEACH FL 33487 CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Сһапде TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP ■ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4 1 TITI F NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

14. I hereby certify that the information supplied with this filling 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