

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90094 007 \*\*\*150.00

DOCUMENT # P98000014997

1. Corporation Name

AUCTION BROKER SOFTWARE, INC.



Principal Place of Business

% PLAVNICK-7114 HOLLOWELL DR.  
TAMPA FL 33634

Mailing Address

% PLAVNICK-7114 HOLLOWELL DR.  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

59-3509658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6820 BENJAMIN RD

Suite, Apt. #, etc.

22 #5 SUITE 1

City & State

23 TAMPA, FL

Zip

24 33634

Country

25 US

2a. Mailing Address

26 P.O. Box 260502

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33685

Country

30 US

9. Name and Address of Current Registered Agent

PLAVNICK, KIMBERLY B  
% PLAVNICK-7114 HOLLOWELL DR.  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME PLAVNICK, KIMBERLY B  
STREET ADDRESS % PLAVNICK-7114 HOLLOWELL DR.  
CITY-ST-ZIP TAMPA FL 33634

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P  
PLAVNICK KIMBERLY  
6820 BENJAMIN RD #5 SUITE 1  
TAMPA, FL 33634

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE: Kimberly Plavnick, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 813-881-1425

Date

Daytime Phone #

CR2E034 (11/98)