SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 99715/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 JUL -9 AM 9: 00 **DOCUMENT #** P98000032672 SECRETARY OF STATE SUNRISE AUCTIONEERS, INC. Principal Place of Business Mailing Address CONVENIENCE ROBRAH INVOT 6163 1949 TOWN HARBOR BOULEVARD SHITE 532 CHITE-500-**BOCA RATION FL-80409** BOOM-RATON FL-00400 DO NOT WRITE IN THIS SPACE 1007 N. AMERICA WAY 3. Date Incorporated or Qualified Same_ SUITE 597, MIAMI, FL 2. Principal Place of Business 04/09/1998 3313Z 4. FEI Number (05 - U8 3 900 3 2a. Mailing Address Applied For 1007 N. America way 21/1007 N. America Way Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ste # 597 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing FL FL 28 Trust Fund Contribution Added to Fees CountryUSA 8. This corporation owes the current year USA Yes 24 25 29 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent L. Cilliers Daphne KATES, ELIZABETH J ESO. (P.O. Box Number is Not Acceptable) 82 4411 NORTHWEST TENTH STREET 100 COCONUT CREEK PL 33066 84 3313 Z Miami 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 agreed this objections of, section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature OFFICERS AND DIRECTORS CR2E034 (5/99 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President Dapwie t DPresident TITLE 1.1 TITLE Change Addition __ DELETE 6949 TOWN HARBOR BOULEVARD WAY 1597 ci llier NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZiP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS City-ST-ZIP 2.4 CiTY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 4.1 TITLE TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 514199 90050 038 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME 6 3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP 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 aburate 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 express. 954-614-5902 SIGNATURE:

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallohassee, Fr 32314

7-4-99

Dear Sir (Mordon:

Enclosed is the Ind 1999 Corperate annual Report for Survive auxioneers. I mailed the bee back in april with this form.

I was admised 7-299 that you have my money but I need to submit a new form because I forgot to sign it, so I am just nailing the new copy since you already have the Jees.

Thank you very much,

Daphne Cilliers, President Survise Auctionsurs Inc 1007 N. America Way #597 Miami FL 33132

(a=1) (1) 5G03