

09081999-90001-021-\$550.00-\$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000086186 ✓
Corporation Name

M.G. AUCTIONEERS & BROKERS, INC.

Principal Place of Business
SOUTHWEST 104TH STREET
MI FL 33156

Mailing Address
7916 SOUTHWEST 104TH STREET
MIAMI FL 33156

FILED

99 OCT -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/8/99 90001021 \$550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1998	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 65-0868115	
City & State		2c. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		2d. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		2e. Country		7. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
1. NAME PSTD GUYER, WILLIAM M 7916 SOUTHWEST 104TH STREET MIAMI FL 33156		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME [Blank]		14. CITY-ST-ZIP 7605 S.W. 134th ST MIAMI FL 33156	
3. NAME [Blank]		15. CITY-ST-ZIP	
4. NAME [Blank]		16. CITY-ST-ZIP	
5. NAME [Blank]		17. CITY-ST-ZIP	
6. NAME [Blank]		18. CITY-ST-ZIP	
7. NAME [Blank]		19. CITY-ST-ZIP	
8. NAME [Blank]		20. CITY-ST-ZIP	
9. NAME [Blank]		21. CITY-ST-ZIP	
10. NAME [Blank]		22. CITY-ST-ZIP	
11. NAME [Blank]		23. CITY-ST-ZIP	
12. NAME [Blank]		24. CITY-ST-ZIP	

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 any attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/99 (305) 2548215
Date Daytime Phone #

CR2EC04 (5/99)

KE