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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S04346**

1. Corporation Name

NATIONAL AUCTION SALES COMPANY, INC.

Principal Place of Business Mailing Address								
1325 S CONGRESS AVE 1325 S CONGRESS AVE								
STE 204 STE 204						DO NOT MIDITE IN THIS	CDACE	
BOYNTON BCH. FL 33426 BOYNTON BCH. FL 33426 US						DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE	
US						10/08/1990		
Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For
21						65-0231538	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22						5. Command of Carlot Details	Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country			8. This corporation owes the current year Intangible		
24	25 29 30		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
			8	31	Name			
RICHARDS, GEORGE L.				32	Street Addres	ss (P.O. Box Number is Not Acceptable)	<u> </u>	
	S S CONGRESS AVE			~	0110017100101			
STE	204		8	33				
BOYNTON BCH. FL 33426								
	•		8	34	City	FL	85 Zip	Code
dd Durouont	to the provisions of Sections 607 05	02 and 607 1508 Florida Statute	s the abo	L	named como	ration submits this statement for the purpose of	changing it	s registered
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 register 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.								egistered
agent. I a	m familiar with, and accept the obligation	ations of, Section 607.0505, Flori	da Statuti	es.				
SIGNATURE			ă		signature required to	when reinstating) DATE		
·	Signature, typed or printed name of registered age		13.	geni s	signatura required i	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECT	ORS IN 12
12.			1.1 TITLE			ADDITIONS/OFFAIGES TO OFFICERO A	Change	
			1.2 NAM				_ ,	
400F 0 00N00F00 AVE					22222			
STREET ADDRESS 1325 S CONGRESS AVE		1.3 STREET ADDR			•		ļ	
CITY-ST-ZIP	BOYNTON BCH. FL	53 pp. 575	1.4 CITY-ST-ZIP		ZIP		Change	Addition
TITLE	P	☐ DELETE	2.1 TITLE				спапуе	
NAME			2.2 NAM	2.2 NAME				
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CITY-ST-ZIP	BOYNTON BCH. FL			2. 4 CITY-ST-ZIP				<u>-</u>
TITLE	☐ DELETE 3.1		3.1 TITLE	E		•	Change	☐ Addition
-NAME		يراد المستجدية المستدان	3.2 NAM	E -		للمراسين الرازية والمنافعة والمنطوعة		
STREET ADDRESS			3.3 STRI	EET A	ADDRESS .			1
CITY-ST-ZIP			3.4. CITY	Y-\$T-	-ZIP			
TITLE		☐ DELETE	4.1 TITLE	E			Change	Addition
NAME			4. 2 NAV	Æ	ļ	•		
STREET ADDRESS	,		1		ADORESS			ĺ
ŀ			4.4 CITY					
CITY-ST-ZIP		☐ DELETE	5.1 TITL		<u></u>		☐ Change	Addition
}	}		5.2 NAM				, _ ,	-
NAME					NDDRESS			ĺ
STREET ADDRESS	· ·							
CITY-ST-ZIP		Clociere	5.4 CITY 6.1 TITLI		LIF		☐ Change	☐ Addition
TITLE	-	☐ DELETE	6.1 HIZ					
TANKE								1
STREET ADDRESS	· ·	•	6.3 STR	EET A	VDDRESS			1

tion 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 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 antion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or supple officer or director of the corporation or the Block 12 or Block 13 if changed, or on a

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP