

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90002 007 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S54012

Corporation Name
BILL ROYE, AUCTIONEERS INC.

Principal Place of Business
**1014 14TH ST N
E 33
NAPLES FL 34103**

Mailing Address
**213 VIKING WAY
NAPLES FL 34110
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1991	
26		26		4. FEI Number 65-0266210	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
28		28			
Zip	Country	Zip	Country		
25		29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROYE, BILL E 213 VIKING WAY NAPLES FL 34110				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
PVST ROYE, BILL 213 VIKING WAY NAPLES FL <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
ET ADDRESS				1.2 NAME			
ST-ZIP				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
ET ADDRESS				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
ET ADDRESS				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
ET ADDRESS				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
ET ADDRESS				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
ET ADDRESS				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 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 an attachment with an address.

SIGNATURE: *BILL ROYE* **9-9-99** (941)262-2437

CR2E034 (5/99)