

SECOND 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).

0017687

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 SEP - 1 PM 1:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000081656

1. Corporation Name
 J. B. FINANCIAL SERVICES, INC.
 (Now known as Ableauctions.com, Inc.)

11/27/99

Principal Place of Business Mailing Address
 1008 ROYAL ABERDEN WAY 1008 ROYAL ABERDEN WAY
 ORLANDO FL 32828 ORLANDO FL 32828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
 21 688 - 6 Ishikawa 26 688 - 6 Ishikawa 09/30/1996
 Suite, Apt #, etc. Suite, Apt #, etc. 4. FEI Number Applied For
 22 Fujisawa - City 27 Fujisawa - City 59-3404233 Not Applicable
 City & State City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
 23 Kanagawa 28 Kanagawa 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property. Yes No
 24 252-0815 25 Japan 29 252-0815 30 Japan

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 BAILEY, JAMES H CT Corporation
 1008 ROYAL ABERDEN WAY 1200 Pine Island Road
 ORLANDO FL 32828
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City Plantation FL 85 Zip Code 33324

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 Vicky Goldstein VICKY GOLDSTEIN
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) SPECIAL ASSISTANT SECRETARY
 DATE 8/31/99

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, JAMES H 1008 ROYAL ABERDEN WAY ORLANDO FL 32828	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Director/Secretary Doug McLeod 688 - 6 Ishikawa, Fujisawa - City Kanagawa, Japan 252-0815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	0000029722305 -09/02/99--01072--004 *****550.00 *****550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] Date Daytime Phone #

CR2E034 (5/99)

SP