

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhams
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 467876

(9)

1. Corporation Name

AMERICAN AUCTIONEERS, INC.

Principal Place of Business

18500 NE 5TH AVE
NORTH MIAMI BEACH FL 33179

Mailing Address

18500 NE 5 AVE
NORTH MIAMI BEACH FL 33179
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SUGARMAN, JAY
18550 LONG LAKE DRIVE
BOCA RATON FL 33434

3. Date Incorporated or Qualified

12/12/1974

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1565281

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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 of Registered Agent (Type or Print Name)

Signature of Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME SUGARMAN, ROBERT
STREET ADDRESS 800 NE 195TH ST
CITY-STATE-ZIP NORTH MIAMI BCH, FL00000

☐ DELETE

TITLE P
NAME SUGARMAN, JAY
STREET ADDRESS 18560 LONG LAKE DRIVE
CITY-STATE-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Sugarman

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), 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 attached list with an address.

4/22/96

305-651-0101

CR2E034 (12/95)