FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G61026** **(2)**

1. Corporation Name

FISHER AUCTION CO., INC.

Principal Place of Business	Mailing Address
431 N E FIRST ST POMPANO BCH FL 33060	431 N E FIRST ST POMPANO BCH FL 33060

3. Date Incorporated or Qualified: 09/26/1983	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2342559	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FISHER LOUIS B JR
431 NE 1ST STREET
POMPANO BCH FL 33060

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 607.1508, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, BARBARA B.		1.2 NAME	
STREET ADDRESS	431 NE 1ST STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, BARBARA B.		2.2 NAME	
STREET ADDRESS	431 NE 1ST STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, LOUIS B. JR		3.2 NAME	
STREET ADDRESS	431 NE 1ST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, LOUIS B. III		4.2 NAME	
STREET ADDRESS	431 NE 1ST STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, LOUIS B. III		5.2 NAME	
STREET ADDRESS	431 NE 1ST STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		5.4 CITY-ST-ZIP	
TITLE	SDC	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, LAMAR P.		6.2 NAME	
STREET ADDRESS	431 NE 1ST STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 attachment with an address.

SIGNATURE: [signature] Barbara B. Fisher 4-1-96 (954)942-0917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)