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FILED

Mar 06 1997 8:00am  
Secretary of State

ATION  
REPORT



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

MENT # H43411 (8)

GAVEL AUCTIONEERS, INC.



Place of Business

Mailing Address

ANDREW M. HARROW  
1 E. 7TH AVE.  
TAMPA FL 33605-4203

ANDREW M. HARROW  
2801 E. 7TH AVE.  
TAMPA FL 33605-4203

3. Date Incorporated or Qualified 02/19/1985  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8504 Adamo Dr	26 105 US Hwy 301 South	59-2540895	Not Applicable
22 Suite, Apt. #, etc.	27 Suite E	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Tampa FL	28 Tampa FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33619 Country USA	29 Zip 33619 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARROW, ANDREW M.  
6504 SEABIRD WAY  
APOLLO BCH. FL 33570

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	HARROW, ANDREW M.	1.2 NAME	
STREET ADDRESS	6504 SEABIRD WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOLLO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	HARROW, SUSAN J.	2.2 NAME	
STREET ADDRESS	6504 SEABIRD WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	APOLLO BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Susan Harrow 3-3-97 813 621 0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)