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 # **J36846** **(0)**

1. Corporation Name

SOUTHERN AUCTIONEERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
% ROBERT J. LOWE 4949 NORTH A1A. #131 FT. PIERCE FL 34949	% ROBERT J. LOWE 4949 NORTH A1A. #131 FT. PIERCE FL 34949

3. Date Incorporated or Qualified: **10/06/1986**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-3214764** ☐ 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

9. Name and Address of Current Registered Agent

LOWE, ROBERT J.
4949 NORTH A1A
#131
FT. PIERCE FL 34949-8826

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 date required. (NOTE: Registered Agent signature required when name is changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, ROBERT J.		1.2 NAME		
STREET ADDRESS	4949 NORTH A1A, #131		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	VP	XX DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, SHARON		2.2 NAME		
STREET ADDRESS	4949 NORTH A1A, #131		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, SHARON		3.2 NAME		
STREET ADDRESS	4949 NORTH A1A, #131		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	MIKE GREEN 5610 EAGLE WAY	
STREET ADDRESS			4.3 STREET ADDRESS	~~14321 HAZELTINE COURT~~ MERRITT ISLAND	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~~ORLANDO, FL 32826~~ 32953	
TITLE		☐ DELETE	5.1 TITLE	900001884629	☐ Change ☐ Addition
NAME			5.2 NAME	-07/05/96--01028--029	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1-3-96	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ 6-1-96 407-231-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #