


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P87301</i> 1. Corporation Name Larry Latham Auctioneers, Inc. Auctioneers			
Principal Place of Business 8650 Jaffa Court W. Dr., #23 Indianapolis, IN 46260		Mailing Address 8650 Jaffa Court W. Dr., #23 Indianapolis, IN 46260	
2. Principal Place of Business 21 2840 West Bay Drive Suite, Apt. #, etc. 22 P.O. Box 267 City & State 23 Belleaire Bluffs, FL Zip 24 33770		2a. Mailing Address 26 1301 9th Avenue West Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL Zip 29 34205	
25 U.S.		30 U.S.	
3. Date Incorporated or Qualified 01/27/92		3a. Date of Last Report	
4. FEI Number 54-1577715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Donald W. Yetter 1402 Third Avenue West Bradenton, FL 34205		10. Name and Address of New Registered Agent 81 Name C. William Stearman 82 Street Address (P.O. Box Number is Not Acceptable) 1301 9th Avenue West 83 84 City Bradenton, FL 85 Zip Code 34205	
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 officer 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		C. William Stearman 4/28/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE DC <input type="checkbox"/> DELETE NAME Latham, Larry STREET ADDRESS 10897 N. 78th Street CITY-STATE-ZIP Scottsdale, AZ		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Latham, Larry 1.3 STREET ADDRESS 6991 E. Camelback Rd., Ste A300 1.4 CITY-STATE-ZIP Scottsdale, AZ 85251	
2. TITLE DVC <input type="checkbox"/> DELETE NAME Stearman, C. William STREET ADDRESS 8650 Jaffa Court W. Dr., #23 CITY-STATE-ZIP Indianapolis, IN 46260		2.1 TITLE DP VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Stearman, C. William 2.3 STREET ADDRESS 1301 9th Avenue West 2.4 CITY-STATE-ZIP Bradenton, FL 34205	
3. TITLE P <input checked="" type="checkbox"/> DELETE NAME Stearman, C. William STREET ADDRESS 8650 Jaffa Court W. Dr., #23 CITY-STATE-ZIP Indianapolis, IN 46260		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE <input type="checkbox"/> DELETE NAME <input type="checkbox"/> DELETE STREET ADDRESS <input type="checkbox"/> DELETE CITY-STATE-ZIP <input type="checkbox"/> DELETE		4.1 TITLE ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Stearman, Jennifer E. 4.3 STREET ADDRESS 11091 Crooked Stick Lane 4.4 CITY-STATE-ZIP Camel, IN 46032	
5. TITLE <input type="checkbox"/> DELETE NAME <input type="checkbox"/> DELETE STREET ADDRESS <input type="checkbox"/> DELETE CITY-STATE-ZIP <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE <input type="checkbox"/> DELETE NAME <input type="checkbox"/> DELETE STREET ADDRESS <input type="checkbox"/> DELETE CITY-STATE-ZIP <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-STATE-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 included 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]* **C. William Stearman** **4/28/97** **941-748-8772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)