

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

1995



DEPARTMENT OF STATE
CORPORATION DIVISION

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AND
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DOCUMENT # **P93000054550 (7)**

30 MAY 12 AM 10:35

AVUS RAMSEY AUCTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Date of Incorporation or Organization 08/02/1993		2a. Mailing Address 583 50TH STREET, GULF MARATHON FL 33050		3b. Date of Last Report 08/15/1994	
21. State of Incorporation FL		26. State of Application FL		4. FIC Number 65-0437134	
22. City or County Marathon		27. City and State Marathon, FL		5. Certificate of State Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Name of Corporation AVUS RAMSEY AUCTIONS, INC.		28. Name of State FL		6. Executive Compensation (Including Trust Fund Contributions) <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Date of Filing 5/12/95		29. Date of Incorporation 8/2/93		8. This corporation has liability for estoppel for under 5-116(1)(f) Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAMSEY, AVUS 583 50TH STREET, GULF MARATHON FL 33050		10. Name and Address of New Registered Agent			
		B1. Name			
		B2. Street Address, P.O. Box Number (Not Acceptable)			
		B3. City			
		B4. State FL B5. Zip Code			

11. I, the undersigned, the President of AVUS RAMSEY AUCTIONS, INC., a corporation organized under the laws of the State of Florida, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office and registered agent in the State of Florida. Such change was authorized by the corporation's board of directors, if there is, or by the appointment of a registered agent. I am familiar with and accept the obligations of Sections 607.05(2)(b) and 607.05(2)(c) Florida Statutes.

SIGNATURE: _____ TITLE: Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS	
1. NAME PT RAMSEY, AVUS 583 50TH ST GULF MARATHON FL		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME S RAMSEY, BARBARA 583 50TH ST GULF MARATHON FL		2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME		3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME		4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME		5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME		7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. NAME		8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2)(b) Florida Statutes. I further certify that the information indicated on this filing is correct and complete and that my signature shall have the same legal effect as if made under oath. If I have previously been declared ineligible for the exercise of franchise responsibilities because of the report required by Chapter 607, Florida Statutes, and that my name appears on Block 13, of Block 12 of a filed report, I must file this report with an address.

SIGNATURE: *AVUS C. RAMSEY*
AVUS C. RAMSEY PRES

5-3-95 305-743-5118