FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # P94000020184 (5)

1. Corporate Name

TREASURE COAST AUCTION HOUSE, INC.

Principal Place of Business:
% MICHAEL H. OLENICK
900 E. OCEAN BLVD., SUITE 120
STUART FL 34994

Mailing Address:
% MICHAEL H. OLENICK
900 E. OCEAN BLVD., SUITE 120
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994

3a. Date of Last Report:

2. Principal Place of Business: 21 ____ Suite, Apt. # etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. # etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

4. FEI Number: 59-3263942 ☐ 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

OLENICK, MICHAEL H
900 E. OCEAN BLVD.
SUITE 120
STUART FL 34994

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/S/T	☐ Change ☒ Addition
NAME	MUSH, JAMES S	1.2 NAME		
STREET ADDRESS	4000 N. OCEAN DRIVE, #2604	1.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL 33404	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	V	☐ Change ☒ Addition
NAME	ALTORK, KATHLEEN	2.2 NAME		
STREET ADDRESS	246 FAIRWAY WEST	2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	V	☐ Change ☒ Addition
NAME	MARKOVICH, STEVE P	3.2 NAME		
STREET ADDRESS	6000 SE MARTINIQUE DRIVE, APT. 101	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(i)(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: James S. Mush (407) 223-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0300339 CP