SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000020184 (5)

1. Corporation 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

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21 578 N US Hwy 1
Suite, Apt #, etc
22
City & State
23 Tequesta FL
Zip
24 33469 Country 25 USA

2a. Mailing Address
26 578 N US Hwy 1
Suite, Apt #, etc
27
City & State
28 Tequesta FL
Zip
29 33469 Country 30 USA

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 THOMAS R. SAWYER
82 Street Address (P.O. Box Number is Not Acceptable) McCARTHY, SUMMERS ET AL.
83 2081 E. OCEAN BLVD., 2ND FLR
84 City STUART FL 85 Zip Code 34996

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 Thomas R. Sawyer 8/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	MUSH, JAMES S	
STREET ADDRESS	4000 N. OCEAN DRIVE, #2604	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	V	☐ DELETE
NAME	ALTORK, KATHLEEN	
STREET ADDRESS	246 FAIRWAY WEST	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	V	☐ DELETE
NAME	MARKOVICH, STEVE P	
STREET ADDRESS	6000 SE MARTINIQUE DRIVE, APT. 101	
CITY-ST-ZIP	STUART FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #