


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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000051590 1. Corporation Name <b>AMERICAN AUCTION SCHOOL, INC.</b>			
Principal Place of Business <b>Suite 214 44 SE 1st Avenue Ocala, FL 34471</b>		Mailing Address <b>303 SE 17th Street, #309 Ocala, FL 34471</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country	
3. Date Incorporated or Qualified <b>June 17, 1996</b>		3a. Date of Last Report	
4. FEI Number <b>59-3389465</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>James William Hatfield</b>		10. Name and Address of New Registered Agent 81. Name <b>James William Hatfield</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>303 SE 17th St, #309</b> 83. 84. City <b>Ocala, FL</b> 85. Zip Code <b>34471</b>	
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, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>D Hatfield, James W</b> 1.3 STREET ADDRESS <b>1727 NE 36th Ave #15</b> 1.4 CITY-ST-ZIP <b>Ocala, FL 34470</b>			
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME <b>D Halman, Paul M</b> 2.3 STREET ADDRESS <b>303 SE 17th St #309</b> 2.4 CITY-ST-ZIP <b>Ocala, FL 34471</b>			
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition <b>300002186073</b> <b>-05/21/97--01010--007</b> <b>***165.00</b>			
14. I do 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 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 W. Hatfield*  
James W. Hatfield  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1997

Date (352) 351-4800  
Daytime Phone

CR2E034 (9/96)