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

PROFIT CORPORATION * ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000051590 (3)

AMERICAN AUCTION SCHOOL, INC.

FILED May 05 1998 8:00am Secretary of State



Dringia	al Diago of Busine		\$4-00 • 1							
Principal Place of Business Mailing Address					_		. senteht ten satis mile satis satis satis	···· •::67 591 61	16 16111 WPC: 1881	
SUITE 214 44 SE 1ST AVENUE OCALA FL 34471				303 SE 17TH STREET. #309 OCALA FL 34471			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
6 0/16	ainal Blace of Duc	inana -	0-14-27			·	06/17/1996		-	
⊢ ¬	icipal Place of Bus	iness	2a. Mailing	Address			4. FEI Number	_	Applied For	
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.			59-3389465			
22	22			27			5. Certificate of Status Desired		75 Additional e Required	
City & State			City & St	City & State			6. Election Campaign Financing	\$5.	00 May Be	
23		28	_ .'			Trust Fund Contribution	Add	led to Fees		
Zip		Country Zip			Country		8. This corporation owes or has paid the current year Intangible			
24	A Nam	25 29 30			<u> </u>		Personal Property Tax due June 30. Yes No			
			rrent Hegistered Agi	ent	81	Mana	10. Name and Address of New Registe	ered Agent		
	HATFIELD, J.				81	Name				
303 SE 17TH ST, #309 OCALA FL 34474					82	Street A	et Address (P.O. Box Number is Not Acceptable)			
	00/12/1/20	1111			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										
Signature, typied or printed name of registional agent and life if applicable (NOTE: Re						nt signature r		ATE		
12.	1 =	OFFICERS	AND DIRECTORS	T Becere	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D		L] DELETE	1.1 TITLE			☐ Chan	ge L. Addition	
NAME		HATFIELD, JAMES W SS 1727 NE 36TH AVENUE #15			1.2 NAME				;	
STREET AL			15		1.3 STREET				1	
CITY-ST-		FL 34470] DELETE	1.4 CITY - S	T - ZiP		110		
NAME	D	M DAIN M	L) DETELE	2.1 TITLE			Chan	ge L Addition 9	
STREET AL		N, PAUL M			2.2 NAME	,				
		17TH ST #309			2.3 STREET				Ì	
CITY-ST-	ZIP OCALA	FL 34471		DELETE	2. 4 CITY - S 3.1 TITLE	17-ZIP		☐ Chan	ge Addition	
NAME			_	J 00001	3.1 MILE 3.2 NAME			L., Ulaii	Se T MORROLL	
STREET AL	NUDECC					1000000			İ	
CITY-ST-					3.3 STREET					
TALE	211			DELETE	3.4. CITY - S 4.1 TITLE	1.71		☐ Chan	ge Addition	
NAME			_		4. 2 NAME				go Addition	
STREET AD	MORESS				4.3 STREET	Anneecc				
CITY-ST-					4.4 CITY - S		grams grams grams areas constructions of the			
TITLE				DELETÉ	5.1 TITLE		<u> </u>	GG Q.	ge Addition	
NAME			-		5.2 NAME			-018		
STREET AD	DRESS				5.3 STREET	ADDRESS	***120°00			
CITY-ST-2	i i				5.4 CITY-S1	'			1	
TITLE				DELETE	61 TITLE	+	4.11	Chan	ge Addition	
NAME	7				6.2 NAME		N.1.			
STREET AD	DRESS				6.3 STREET	ADDRESS	1-419			
CITY-ST-	mP				6.4 CITY-SI		/ //			
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nereby 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.