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

PROFIT
CORPORATION
ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual of am an officer or director of the corporation in Block 12 or Block 13 if the



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600073699 (6)

JIM GRAHAM AUCTION COMPANY, INC.

FILED
Jul 30 1997 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address							
11923 LAKESHORE PLACE		11923 LAKESHORE PLACE							
NORTH PALM BEACH FL 33408		NORTH PALM BEACH FL 33408-3248							
						3. Date Incorporated or Qualified 09/05/1996	<b>3a.</b> D	ate of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number (9093	7		pplied For ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			100001010			Additional	
22		27			5. Certificate of Status Desired			equired	
City & State	e	City & State				Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in			. 199.032,
24	25	29	30				Yes (		
	9. Name and Address of Curre			81	Name	10. Name and Address of New Reg	istered	Agent	
	RPORATION SERVICE COMPAN	Y		ا'°	name				
	1 HAYS STREET			82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
IAL	LAHASSEE FL 32301		-	83					
-									
			Ī	84	City		FL	<b>85</b> Zip	Code
11. Persuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	s, the ab	ove	-named corp	oration submits this statement for the prior's board of directors. I hereby accep	rpose o	f changing i	ts registered
" agent. I a	egistered agent, or both, in trie State m familiar with, and accept the oblig	e of Florida. Such change was a jations of, Section 607.0505, Fic	iutnorized irida Stati	ıtes.	tne corporat	ion's board of directors. I hereby accep	t ine app	ointment as	regisierea
SIGNATURE	· ·								
Signature, typed or printed name of registered agent and title if applicable			(NOTE Registered Agent signature re				DATE	DIDECTOR	20.01.45
12.	PVT OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICE	HS ANL	Change	Addition
TITLE NAME	HUDSON, LINDA S		1.2 NA					☐ Change	L AUGILIUM
STREET ADDRESS	47-146 KAM HIGHWAY			1.3 STREET ADDRESS					
DITY-ST-ZIP	KANEOHE HI 98744								
TITLE				1.4 CITY - ST - ZiP 2.1 TITL€		· · · · · · · · · · · · · · · · · · ·		Change	Addition
-MAME	GRAHAM, JAMES W	221						_ •	
STREET ADDRESS	11923 LAKESHORE PLACE				ADDRESS				
CITY - ST - ZIP	NORTH PALM BEACH FL 33408			TY - S1	T- ZIP				
TITLE	☐ DELETE			LE				☐ Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STF	REET #	address				
CITY-ST-ZIP				3.4. CITY - ST- ZIP		**************************************		-	
TITLE	<u> </u>			4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	D priete.	4.4 CIT		- ZIP			Channe	Addition
TITLE		☐ DELETE	5.1 TIT					☐ Change	☐ Addition
NAME CIRCLI ADDRESS			5.2 NAI		ADDDECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		- 111			Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
STREET NUMBERS			0.3 31	KLIF	בפשווטטו				

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name