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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:48

DOCUMENT # S34986 (7)

1. Corporation Name
AMERICAN INTERNATIONAL APPRAISERS & JOSEPH SHAIA AUCTION CO.

Principal Place of Business	Mailing Address
6329 ALL AMERICAN BLVD ORLANDO FL 32810	6329 ALL AMERICAN BLVD ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/27/1991
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-3061740 ☐ 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

COOLEY, R EDWARD
1450 SR 434 W
SUITE 200
LONGWOOD FL 32750

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 [signature] DATE 1-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAIA, JOSEPH	1.2 NAME	
STREET ADDRESS	606 WATER OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	~~LOCKHART, PATRICIA~~	2.2 NAME	Adams, Candy L.
STREET ADDRESS	~~5757 PEREGRINE AVE.~~	2.3 STREET ADDRESS	P.O. Box 843
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	~~VP~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~VECKLEY, BRIAN~~	3.2 NAME	
STREET ADDRESS	~~629 DORY LANE, #304~~ delete	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ALTAMONTE SPGS. FL~~	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	SHAIA, KATHLEEN	4.2 NAME	
STREET ADDRESS	606 WATER OAK LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	VAN LANDINGHAM, JAMES	5.2 NAME	
STREET ADDRESS	~~PO BOX 950122 N/A~~	5.3 STREET ADDRESS	214 Orienta Point, Apt 214
CITY-ST-ZIP	~~LAKE MARY FL 32795~~	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
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(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph Shaia
1-27-95 (407) 296-2101
Date Daytime Phone #

0060484 CP