

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H01377 (1)

1. Corporation Name
UNITED APPRAISAL GROUP, INC.

Principal Place of Business Mailing Address
**3079 NE 183RD LN 254 HIAHIGWOODS DR. 3079 NE 183RD LN
AVENTURA FL 33160 AVENTURA FL 33160
N. MIAMI BEACH, FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/01/1984** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-2415249** 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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPNER, DONALD
3079 NE 183RD LN.
AVENTURA FL 33160**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KAPNER, DONALD**
STREET ADDRESS **3079 NE 183RD LANE**
CITY - ST - ZIP **AVENTURA FL 33160**

1.1 TITLE Change Addition
1.2 NAME **VICE PRESIDENT**
1.3 STREET ADDRESS **ARLENE KAPNER**
1.4 CITY - ST - ZIP **3079 NE 183RD LANE**
AVENTURA, FL 33160

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 included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD KAPNER

4/14/95 (305) 931-5800

Date (Typed Name)