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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # K12819 (4)

1. Corporation Name
APPRAISAL ASSOCIATES OF BROWARD, INC.

Principal Place of Business
133 S. UNIVERSITY # 210 PLANTATION FL 33324 US

Mailing Address
4801 S. UNIVERSITY DR. DAVIE FL 33328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/25/1988
3a. Date of Last Report 06/07/1994

2. Principal Place of Business

21 4801 S. UNIVERSITY DR
Suite, Apt. #, etc. 22 209
City & State 23 Davie FL
Zip 24 33328 Country 25 Broward

2a. Mailing Address

26 4801 S. UNIVERSITY DR
Suite, Apt. #, etc. 27 209
City & State 28 Davie FL
Zip 29 33328 Country 30 Broward

4. FEI Number 59-2572559
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

QUICK, LARRY L.
4000 N. STATE RD. 7, SUITE 308
FORT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name Larry L. Quick
82 Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DR #209
83 Davie, FL 33328
84 City Davie, FL 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	QUICK, LARRY L
STREET ADDRESS	4801 S. UNIVERSITY DR. #209
CITY - ST - ZIP	DAVIE FL
TITLE	V
NAME	QUICK, LARRY L.
STREET ADDRESS	1333 S UNIVERSITY #210
CITY - ST - ZIP	PLANTATION FL
TITLE	T
NAME	QUICK, LARRY L
STREET ADDRESS	1333 S UNIVERSITY #210
CITY - ST - ZIP	PLANTATION F
TITLE	T
NAME	OLIVER, BRADLEY W.
STREET ADDRESS	1333 S UNIVERSITY #210
CITY - ST - ZIP	PLANTATION F
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4801 S. UNIVERSITY DR #209
2.4 CITY - ST - ZIP	Davie, FL 33328
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4801 S. UNIVERSITY DR #209
3.4 CITY - ST - ZIP	Davie, FL 33328
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Larry Quick
4.3 STREET ADDRESS	4801 S. UNIVERSITY DR #209
4.4 CITY - ST - ZIP	Davie, FL 33328
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 no address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95 305 434-5720
Date (Printed Name)