


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K12819**  
 1. Entity Name  
**APPRAISAL ASSOCIATES OF BROWARD, INC.**



Principal Place of Business                      Mailing Address  
**4801 S. UNIVERSITY DRIVE #209**                      **4801 S. UNIVERSITY DRIVE #209**  
**DAVIE, FL 33328 US**    **DAVIE, FL 33328 US**

**DO NOT WRITE IN THIS SPACE**



01142004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2572559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LARRY L QUICK**  
**4801 S UNIVERSITY DR SUITE 209**  
**DAVIE, FL 33328**

**DO NOT WRITE IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**        **\$5.00** May Be  
 Trust Fund Contribution.                      Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>QUICK, LARRY L</b> <b>4801 S UNIVERSITY DR #209</b> <b>DAVIE, FL 33328</b>
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 01/20/04-80017-016 150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_                      **1/14/04 554 4345770**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #