

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 032 ***150.00

DOCUMENT # L62163

1. Entity Name
MIS APPRAISAL SERVICES OF FLORIDA, INC.



Principal Place of Business

**8910 MIRAMAR PKWY
STE 205
MIRAMAR, FL 33025**

Mailing Address

**8910 MIRAMAR PKWY
STE 205
MIRAMAR, FL 33025**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0249420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH C.
8910 MIRAMAR PKWY
308
MIRAMAR, FL 33025**

**GILSON JOSEPH C.
8910 MIRAMAR PKWY
308
MIRAMAR FL 33025**

**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

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

(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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
KAUFMAN, STEVEN
1500 RPBC BLD 25 PROSPECT AVE W
CLEVELAND, OH 44115**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HIGNETT, KENNETH L
29228 REGENCY CIRCLE
WESTLAKE, OH 44145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GILSON, JOSEPH C.
8910 MIRAMAR PKWY #308
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
STEIN-SEPIR, LEONARD
4877 GALAXY PKWY. STE. I
WARRENSVILLE, OH 44128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kenneth L. Hignett, Exec. VP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

Daytime Phone #