

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000088366 (8)**

1. Corporation Name
ASSOCIATED APPRAISAL GROUP, INC.



Principal Place of Business: **1888 SPRINGBUSH LANE CLEARWATER FL 34623**
Mailing Address: **1888 SPRINGBUSH LANE CLEARWATER FL 34623**

3. Date Incorporated or Qualified: **12/20/1993**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 **1457 ELW Parkway**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1457 ELW Parkway**
Suite, Apt. #, etc.

4. FEI Number: **59-3220101**
Applied For: Not Applicable

22 City & State: **Oldsmar, FL**

27 City & State: **Oldsmar, FL**

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

23 Zip: **34677-1904** Country: **Pinellas**

28 Zip: **34677-1904** Country: **Pinellas**

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

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMIRTO, PAUL A
1888 SPRINGBUSH LANE
CLEARWATER FL 34623**

B1 Name: **Amirto, Paul A**
B2 Street Address (P.O. Box Number is Not Acceptable): **1457 ELW Parkway**
B3
B4 City: **Oldsmar** FL B5 Zip Code: **34677**

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

TITLE	D <input type="checkbox"/> DELETE
NAME	AMIRTO, PAUL A
STREET ADDRESS	1888 SPRINGBUSH LANE
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	D <input type="checkbox"/> DELETE
NAME	AMIRTO, MARIE A
STREET ADDRESS	1888 SPRINGBUSH LANE
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1457 ELW Parkway
1.4 CITY-ST-ZIP	Oldsmar, FL 34677-1904
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1457 ELW Parkway
2.4 CITY-ST-ZIP	Oldsmar, FL 34677
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 119.07(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 an address.

SIGNATURE: **Paul Amirto** 4-25-96 (813) 785-5516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)