## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000050785 (0)

ASSOCIATED APPRAISERS, INC.

Principal Place of Business	Mailing Addre

## **FILED** Jul 18 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address				
	DR., STE. A-102	9370 SUNSET DR., STE.	A-102			
MIAMI FL 3317	3	MIAMI FL 33173				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 3a. Date of Last Report
						06/12/1996 N/A
2 Principal Piz	ace of Business	2a. Mailing Address				
· ·	w(	26 Stark				4. FEI Number Applied For Not Applied ble
Suite, Apt.		Suite, Apt. #, etc.				S8.75 Additional
22	., 0.0.	27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	- <b>-</b>			Trust Fund Contribution
Zip	Country	<b>Z</b> ip	Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	g. Name and Address of Curr					10. Name and Address of New Registered Agent
ROS	SALES, ANTHONY			81	Name	
	O SUNSET DR., STE. A-102		}	82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33173			82	SHUELAG	Address (F.O. Box Number is Not Acceptable)
WILL	MI 1 E 00170		İ	83		
				_		
				84	City	FL 85 Zip Code
44 Purcuant t	o the provisions of Sections 607 Of	502 and 607 1508 Florida Statu	ites the at		-pamed c	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	yd b	the corpo	poration's board of directors. I hereby accopt the appointment as registered
agent. I ar	m familiar with, and accept the obl	igations of Section 607.0505, F	ipnoa Stati	utes	4	7/14/52
SIGNATURE		- (PRESIDENT agent and title Papplicable (NO		1 6001	ul s moalure re	required when reinstaling) DATE
12.		ND DIRECTORS	13.	Angei	- Byllide Ic	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 10	LF	T	Change Addition
NAME	ROSALES, ANTHONY		1.2 NA			-
STREET ADDRESS	9370 SUNSET DR., STE. A.	102	1		ADDRESS	
	MIAMI FL 33173	102	1.4 CF		1	
CITY-ST-ZIP TITLE	WIFAIRI I E GOTTO	DELETE	2.1 Til		1-2"	Change Addition
NAME			2.2 NA			
					ADDRESS	
STREET ADDRESS						· ·
CITY-ST-ZIP		DELETE	2. 4 Cl 3.1 Ti		1 - ZII.	Change Addition
TITLE		_ onen				
NAME			3.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	3.4. C		d - ZIP	Change Addition
TITLE		CT offere	4.1 111		.	Change D Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 \$1	RffI	ADDRESS	
CITY-ST-ZIP			4.4 Ci		I - ZIP	
TITLE		L_J DEŁETE	5170	LT.		Change Addition
NAME			5.2 N/	ME		
STREET ADDRESS			5 3 51	REE1	address	
CITY-ST-ZIP			5.4 CI	1Y-S	1 - ZIP	
TITLE		DELE <b>t</b> e	61 TI	TLE	T	☐ Change ☐ Addition
NAME			62 N/	AME		
STREET ADDRESS			6.3 ST	THEET	ADDRESS	
CITY-ST-7IP		*	6.4 CI	1Y-8	1-7iP	
14. I do herek	by certify that the information supp	lied with this filing does not qua	lify for the	exe	mption sta	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

r do nereby certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i). 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 enanged, or on an attachment with an address.