

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28795 (0)

1. Corporation Name
APPRAISALWORKS, INC.

Principal Place of Business: **225 NORTHEAST 34TH STREET, 101 MIAMI FL 33137 US**
Mailing Address: **225 NORTHEAST 34TH STREET, SUITE 204 MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/30/1991** 3a. Date of Last Report: **03/17/1994**
4. FEI Number: **65-0244163** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

9. Name and Address of Current Registered Agent
**MIALTAGLIATI, STEPHEN
225 NORTHEAST 34TH STREET
SUITE 101
MIAMI FL 33137**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE: **D**
NAME: **MALTAGLIATI, STEPHEN**
STREET ADDRESS: **225 N.E. 34TH ST. S-204**
CITY- ST- ZIP: **MIAMI FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable or on an attachment with an address.

SIGNATURE: _____ **7/28/95 (305) 576 4649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title: _____ (Typed Name)

CR2E034 (3/95)