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Feb 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21637

1. Corporation Name

| , 10 , 10 0 111 | & APPRAISAL ASSOCIAT | TES, INC. | | | | | | | |
|--|--|-----------------------------------|---|--|--|--|---------------|---|------------|
| Principal Place of | of Business | Mailing Address | | | | | | | |
| 3319 NE 18TH ST | | 3319 NE 18TH STREET | | | | | | | |
| FT LAUDERDALE | | FT LAUDERDALE FL 33305-3720 | | | | DO NOT WRITE IN THIS SPACE | | | |
| US . | | US | | | | 3. Date Incorporated or Qualifed | - | | |
| | | | | | | 03/17/1992 | | | |
| 2. Principal Plac | ne of Business | 2a. Mailing Address | | | | 4. FEI Number | | | ied For |
| 21 | | 26 | | | | 65-0318933 | | | Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 Ad Fee Req | I |
| 22 | | 27 | | _ | | The state of the s | | \$5.00 N | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | Added to | |
| 23 | | Zip | Соц | ntrv | | This corporation owes the curr | ent vear Inta | ingible | |
| Zip | Country | · · | 30 | | | Personal Property Tax. | | ☐ Yes | No |
| 24 | 9. Name and Address of Currer | 1 | <u> </u> | | | 10. Name and Address of New F | tegistered / | Agent | |
| | 9. Name and Address of Curto. | | | 81 | Name | | | | Ì |
| MCGR | IAW, MICHAEL L | | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | able) | | |
| | NE 18TH STREET | | | 02 | Oli Col Fiddic | | | | |
| FT. LA | AUDERDALE FL 33305-3720 | | | 83 | | | | | č |
| | | | | 84 | City | | | 85 Zip C | ode |
| | | | | ì l | | | <u>FL</u> | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | intered |
| office or re agent. I am | gistered agent, or both, in the State of familiar with, and accept the obliga | ations of, Section 607.0505, Flor | rida Stat | utes | , | oration submits this statement for the in's board of directors. I hereby acce | pt the appoir | itment as reg | istered |
| SIGNATURE | signature, typed or printed name of registered age | | _ | Agen | nt signature required | d when reinstating) ADDITIONS/CHANGES TO OF | | D DIRECTO | RS IN 12 |
| 12. | | ND DIRECTORS | 13. 1.1 Ti | TI E | | ADDITIONS/CHANGES TO G | 110ENO 741 | Change | ☐ Addition |
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| | MCGRAW, MICHAEL L 3319 NE 18TH STREET | | | | T ADDRESS | | | | |
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| NAME | | | | | | | | | |
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| CHIV.SI.7ID | | _ | | | T ADDRESS ST-ZIP | <u>در میں در اور ان </u> | | Ch | Addition |
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14. 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 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, with all other like empowered.

SIGNATURE:

Mother C. Michael Pars. 3.7.99 (959) C48-216

SNING OFFICER OR DIRECTOR

Date

Date

Date

CR2F034 (11/98