## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 453414

(5)

COLE APPRAISAL COMPANY, INC.

**FILED** Mar 02 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address                                                                                                                                                                                                                                   |                                           |                                 |                                         | { 198111 #1881 DIIQ# 1111 BIBD IIDI BIDI BIDI BIDI BIDI BIDI     | hil Bidir dibhi 1801 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------------|------------------------------------------------------------------|----------------------|
| 6851 YUMUR                                                                                                                                                                                                                                                                    |                                           | 6851 YUMURI STREET              |                                         |                                                                  |                      |
| STE. #15 STE. #15                                                                                                                                                                                                                                                             |                                           |                                 |                                         |                                                                  |                      |
| CORAL GABLES FLORIDA 33146 CORAL GABLES FLORIDA US US                                                                                                                                                                                                                         |                                           |                                 | A 33146                                 | DO NOT WRITE IN THIS SPACE                                       |                      |
| 00                                                                                                                                                                                                                                                                            |                                           | 00                              |                                         | 3. Date Incorporated or Qualified 05/22/1974                     |                      |
| 2. Principal Place of Business 2a. Mailing Address                                                                                                                                                                                                                            |                                           |                                 |                                         | 4. FEI Number                                                    | Applied For          |
| 21 1501 Venera Avenue 26 1501 Venera                                                                                                                                                                                                                                          |                                           |                                 | a Ave                                   | 59-1556103                                                       | Not Applicable       |
| Suite Apt. #, etc.                                                                                                                                                                                                                                                            |                                           |                                 | • • • • • • • • • • • • • • • • • • • • | I & Cartificate of Status Desired I I                            | 75 Additional        |
| 22 217 27                                                                                                                                                                                                                                                                     |                                           |                                 | ·                                       | Fe Fe                                                            | e Required           |
| City & State  City & State  City & State  28 Cora   Gables, PL  28 Cora   Gables                                                                                                                                                                                              |                                           | las, PL                         | _ '                                     | .00 May Be<br>ded to Fees                                        |                      |
| Zip                                                                                                                                                                                                                                                                           | Zip Country Zip                           |                                 | Country                                 | 8. This corporation owes or has paid the current year Intangible |                      |
| 24 3314                                                                                                                                                                                                                                                                       | 25 000                                    | 29 33146                        | 30 <b>57 4</b> S                        | Personal Property Tax due June 30. Yes                           | □ No                 |
|                                                                                                                                                                                                                                                                               | 9. Name and Address of Current            | Hegistered Agent                | 81 Name                                 | 10. Name and Address of New Registered Agent                     |                      |
|                                                                                                                                                                                                                                                                               | OLE, CARLTON W.                           |                                 |                                         |                                                                  |                      |
| 6851 YUMURI ST. STE. #15                                                                                                                                                                                                                                                      |                                           |                                 |                                         | ddress (P.O. Box Number is Not Acceptable)                       |                      |
| CORAL GABLES FLORIDA FL 33146                                                                                                                                                                                                                                                 |                                           |                                 |                                         | 60) venera Ave.                                                  |                      |
| Sus                                                                                                                                                                                                                                                                           |                                           |                                 |                                         | ite 217                                                          |                      |
|                                                                                                                                                                                                                                                                               |                                           |                                 | 84 City                                 | 1 6 eb les FL 85                                                 | Zip Code             |
| 11. Pursuant to the provisions of Spctions 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, 1 am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. |                                           |                                 |                                         |                                                                  |                      |
|                                                                                                                                                                                                                                                                               |                                           |                                 |                                         |                                                                  |                      |
| SIGNATURE Signature typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE                                                                                                                     |                                           |                                 |                                         |                                                                  |                      |
| 12.                                                                                                                                                                                                                                                                           | OFFICERS AND                              |                                 | 13.                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECT                         | TORS IN 12           |
| TITLE                                                                                                                                                                                                                                                                         | PSD                                       | DELETE                          | 1.1 TITLE                               | ☐ Cha                                                            | nge 🔲 Addition       |
| NAME                                                                                                                                                                                                                                                                          | COLE, CARLTON W                           |                                 | 1.2 NAME                                | m. 11m A                                                         |                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                | CODAL CARLES SI COLAS                     |                                 | 1.3 STREET ADDRESS                      | 1501 Venera Ave. #217                                            |                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                   | CORAL GABLES FL 33146                     | The see                         | 1.4 CITY+ST-ZIP                         |                                                                  | <u></u>              |
| TITLE                                                                                                                                                                                                                                                                         | D COLE MAILIAM P                          | ☐ DELETE                        | 2.1 TITLE                               | . Li Cha                                                         | nge 🔲 Addition       |
| NAME                                                                                                                                                                                                                                                                          | COLE, WILLIAM B                           |                                 | 2.2 NAME                                | and the and the st                                               |                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                | CORAL GABLES FL 33146                     |                                 |                                         | 1501 Venera Ave. #217                                            |                      |
| CITY+\$T-ZIP                                                                                                                                                                                                                                                                  | D CORAL GABLES PL 33146                   | ☐ DELETÉ                        | 2.4 CITY-ST-ZIP                         | , Do-                                                            | nga Addition         |
| TITLE                                                                                                                                                                                                                                                                         | COLE. ANDREW L                            | □ חברבוב                        | 3.1 TITLE                               | Chai                                                             | nge L Addition       |
| NAME<br>DIRECT ADDRESSO                                                                                                                                                                                                                                                       | -6061-YUMURI ST.: #15-                    |                                 | 3.2 NAME                                | 1501 Venem Ave. #2,7                                             |                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                | CORAL GABLES FL 33146                     |                                 | ·                                       | and haliand here, as well.                                       |                      |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                          | SOUND ONDERS I L SO 140                   | DELETE                          | 3.4. CITY+ST-ZIP                        | Cha                                                              | nge Addition         |
| NAME                                                                                                                                                                                                                                                                          |                                           | L. Pittie                       | 4.1 IIILE                               | CI Old                                                           | ingo 🗀 Matakitaki    |
| STREET ADDRESS                                                                                                                                                                                                                                                                |                                           |                                 | 4.3 STREET ADDRESS                      |                                                                  | ŀ                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                   |                                           |                                 | 4.4 City-St-Zip                         |                                                                  |                      |
| TITLE                                                                                                                                                                                                                                                                         | -                                         | DELETE                          | 5.1 TITLE                               | Chai                                                             | nge Addition         |
| NAME                                                                                                                                                                                                                                                                          |                                           |                                 | 5.2 NAME                                | ب ما                                                             | -g                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                |                                           |                                 | 5.3 STREET ADDRESS                      |                                                                  |                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                   |                                           |                                 | 5.4 CITY - ST - ZIP                     |                                                                  |                      |
| TITLE                                                                                                                                                                                                                                                                         |                                           | ☐ DELETE                        | 6.1 TiTLE                               | ☐ Char                                                           | nge                  |
| NAME                                                                                                                                                                                                                                                                          |                                           |                                 | 6.2 NAME                                |                                                                  |                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                |                                           |                                 | 6.3 STREET ADDRESS                      |                                                                  | ļ                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                   |                                           |                                 | 6.4 CITY - ST - ZIP                     |                                                                  |                      |
|                                                                                                                                                                                                                                                                               | netify that the information evenline with | this filing doop not qualify to |                                         | in Section 110 07/2Vi) Florida Statutos I further cartifu that   | A                    |

Indicated on this annual report or supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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.

IN A DA HOLLEN DE LA CONTRA POR