

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -8 AM 4: 16

DOCUMENT # 480398 (7)

1. Corporation Name
GOODSMITH APPRAISALS, INC.

Principal Place of Business Mailing Address
8437 FOREST HILLS DR 8437 FOREST HILLS DR
203 203
CORAL SPRINGS FL 33065-6183 CORAL SPRINGS FL 33065-6183
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/10/1975 04/28/1994

4. FEI Number Applied For
59-2816764 Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 2198 UNIVERSITY DR # 3 25 2598 UNIVERSITY DR # 3
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Coral Springs 27 Coral Springs
City & State City & State
23 Florida 28 Florida
City & State City & State
24 33065 25 BROWARD 29 33065 30 BROWARD
Zip City Zip City

9. Name and Address of Current Registered Agent

GOODSMITH, DUANE H.
8437 FOREST HILL DR
SUITE 203
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name DUANE H. GOODSMITH
82 Street Address (P.O. Box Number is Not Acceptable) 9062 THUNDERBIRD DR
83 Coral Springs FLA
84 City Coral Springs FL 85 Zip Code 33065

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. Both in the State of Florida and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the original provisions of Section 607.0502.

SIGNATURE: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOODSMITH, DUANE H
STREET ADDRESS	9062 THUNDERBIRD DR
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	GOODSMITH, JOAN P
STREET ADDRESS	9062 THUNDER BIRD DR
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VPST
NAME	GOODSMITH, CARY
STREET ADDRESS	1985 COQUINA WAY
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *[Signature]* *[Signature]* 7/19/95 305-255-4378

CR2E034 (3/95)