**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90298 043 \*\*\*158.75

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 605564

1. Corporation Name

Director of Business

APPRAISAL INVESTMENT PROPERTIES, INC.

Principal Place	or Business	Maining Address			į					
% C. EDW. MEE	:HAN	% C. EDW. MEEHAN	% C. EDW, MEEHAN							
22 CAYUGA RD		22 CAYUGA RD				DO NOT WOLLD IN THIS ODAOL				
FT LAUDERDALI	E FL 33308	FT LAUDERDALE FL 33308			<u> </u>	DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualife	đ			
	<u> </u>					<u>01/04/19</u> 79			·	
2. Principal Pla	ace of Business	2a. Mailing Address			4.	FEI Number		_	+	fied For
21 26						<u>59-1998715</u>		L	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			Certifcate of Status Desired	₩/	7		ditional
22		27				Certificate of Status Desired	<u> </u>	Fe	e Rec	uired
City & State	)	City & State				Election Campaign Financing		\$5	.00	May Be
23 28						Trust Fund Contribution	<b>'</b> 🗆	Ad	ded to	Fees
Zip				8. This corporation owes the current year Intangible						
<b>⊢</b> '	25 29 30				Personal Property Tax.					
24 25 29 30 30 30 30 Square and Address of Current Registered Agent					10	Name and Address of New	Registered A	aent		
	g. Name and Address of Curren	t Registered Agent	81	Nar		110/110 4/14				
DEIDO	CELL WALLIAM C			,,,,,,						
PURCELL, WILLIAM C.			82	82 Street Address (P.O. Box Number is Not Acceptable)						
633 S ANDREWS AVENUE								. <u>.</u>		
THIRD FLOOR			83							
) FORT	r Lauderdale FL 33301		84	Cia				85	Zip C	aho
			04	City	,		FL	63	2.0	
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 reinstating)  DATE										
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12.			13.		<del></del>	ADDITIONS/CHANGES TO C	FI ICENS AN	□ Cha		Addition
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NAME	· <del>-</del>		2.2 NAME							į
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G117-S1-ZIP		S.1 TITLE					☐ Ch	ange	☐ Addition	
ance.		<u> </u>	2 NAME					_	•	_

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 trusted 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.