SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). Aug 11 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # 742648 THE INSTITUTE OF BUSINESS APPRAISERS, INC. Principal Place of Business Mailing Address 112 8 FEDERAL HMY PO BOX 1447 **BOYNTON BEACH FL 33425** DO NOT WRITE IN THIS SPACE BOYNTON BEAD FL 33435 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1978 03/15/1996 Applied For Principal Place of Business Mailing Address 4. FEI Number W Wooldnight 26 2240 **NOT APPLICABLE** Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name MILES, RAYMOND C. 82 Street Address (P.O. Box Number is Not Acceptable) 8041 ABERDEEN DR 83 #202 **BOYNTON BEACH FL 33437** 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (49J 13 ☐ Addition DELETE 1.1 TITLE Change TITLE PTD NAME MILES, RAYMOND C. 1.2 NAME 8041 ABERDEEN DR #202 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21 TITLE NAME PELZER, JACK H. 22 NAME STREET ADDRESS **8000 BANYAN TERR** 2.3 STREET ADDRESS <u>Plantation Fl</u> 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME PELZER, MICHELE MILES 3.2 NAME STREET ADDRESS 6000 BANYAN TERR 3.3 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 3.4. CITY-\$T-ZIP DELETE ___ Addition Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-71P 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITL€ NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 🤼 DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 617, Florida Statutes; and that my name

REMARKENTE G. Miles Mes