FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 742648

THE INSTITUTE OF BUSINESS APPRAISERS, INC.

| ITE INS | III Ó LE OL BOSINESS YELI | HAIDENO, INC. | | | | 1 | | 3 31311 - 90180 - 4 | | . ; | |
|--|---|---------------------------|-----------------------|-----------------|------------------|-------------------------------------|--|--------------------------------------|------------|-----------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 2240 W WOOLBRIGHT PO BOX 1447 SUITE 407 BOYNTON BCH FL 33435 US US | | | | | | | | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | | Incorporated or Qu 04/1978 | alifed | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc | C. | | _ | 4. FEI I | | | Ι.Α. | pplied For | |
| 22 | | 27 | | | | NO. | t applicable | | N | lot Applicable | |
| City & Stat | 9 ; • *** | City & State | ₹F yr | | | 5. Certi | fcate of Status Desi | red 🔲 | | Additional Required | |
| Zip | Country | Zip | Co | untry | | 6. Elect | tion Campaign Finar | ncing | \$5.00 | May Be | |
| 24 | 25 | 29 | 30 | | | Trust | t Fund Contribution | | Added | I to Fees | |
| | 9. Name and Address of Current | Registered Agent | | Ţ | | 10. Nam | e and Address of | New Registered | Agent | | |
| | • | | | 81 | Name | | | | | | |
| MILES, RAYMOND C. 8041 ABERDEEN DR | | | | 82 | Street A | ddress (P.O. B | ox Number is Not A | cceptable) | | | |
| #202 | | | | 83 | | | | | | | |
| BOYNTON BEACH FL 33437 | | | | 84 | City | FL 85 Zip Code | | | Code | | |
| office or r | to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati | of Florida, Such change i | was authorize | ad DV | the corbor | orporation subr ration's board o | nits this statement f f directors. I hereby | or the purpose of accept the appo | changing i | ts registered registered | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed or printed name of registered agent | | (NOTE: Registere | | nt signature rec | uired when reinstatin | 19) FIONS/CHANGES T | O OFFICERS AT | ND DIRECT | ORS IN 12 | |
| 12. | OFFICERS AND | D DIRECTORS | | mle | | ADDII | TONOTOLIVICEO | O OTT TOLKOTA | Change | | |
| TIFLE | PTD | C Dece | 1 | | | | | | 9- | | |
| NAME | MILES, RAYMOND C. | | 1 | NAME | | | | | | i | |
| STREET ADDRESS | 8041 ABERDEEN DR #202 | | | | TADDRESS | | | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | ☐ DELE | | CITY-S | T-ZIP | | | , | ☐ Change | Addition | |
| TITLE | D D | ب محدد | | | | | | | | | |
| NAME | PELZER, JACK H. | | | NAME | | | | | | | |
| STREET ADDRESS | 6000 BANYAN TERR | | | | TADDRESS | | | | | | |
| CITY-ST-ZIP | PLANTATION FL | ☐ DELE | | CITY-S | ST-ZIP | | | | Change | Addition | |
| TITLE | | | 3.1 TITLE 3.2 NAME | | - - , | | | ·· - | | | |
| NAME | PELZER, MICHELE MILES | | | | TANDDERE | | | | | 1 | |
| STREET ADDRESS | 6000 BANYAN TERR | | 1 | | TADORESS | | | | | _ | |
| CITY-ST-ZIP | PLANTATION FL | □ DELE | | CITY-S | si-ZIP | | · · · · · · · · · · · · · · · · · · · | | Change | e ☐ Addition | |
| TITLE | · · | C. DELL | | NAME | | | •* | | | _ | |
| NAME | | | | | T ADDRESS | | | | | | |
| STREET ADDRESS | | | 1 | | | | | | | | |
| CITY-ST-ZIP | | ☐ DELE | | city-s Title | 11-418 | | | | ☐ Change | Addition | |

CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address, with all other like empowered.

52 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition

FILED Apr 14, 1999 8:00 am Secretary of State

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