

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 742648**

1. Entity Name

THE INSTITUTE OF BUSINESS APPRAISERS, INC.



Principal Place of Business

6950 CYPRESS ROAD  
SUITE 209  
PLANTATION, FL 33317 US

Mailing Address

POST OFFICE BOX 17410  
PLANTATION, FL 33318 US



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0712339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILES, MICHELE G  
6950 CYPRESS ROAD  
STE 209  
PLANTATION, FL 33317

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
MILES, MICHELE G  
6000 BANYAN TERRACE  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MILES, RAYMOND C  
1703 ANDROS ISLE, C-3  
COCONUT CREEK, FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PELZER, JACK H  
6000 BANYAN TERR  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000738273  
01/30/08-60022-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08

Date

954  
584 1144

Daytime Phone #