PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90019 010 ***150.00

DOCUMENT	#	F41	867
Compretion Name			

	ior realty & appraisal,	INC.									
Principal Place	e of Business	Mailing Ad	ddress				1	i iddican ilic Bildi cidal idica	#1111 1881 BIBI		0181)
699 W ROYAL I	PALM RD	P O BOX	37								
BOCA RATON FL 33486 BOCA RATON FL 33429						0.004.05					
US		US						DO NOT WE		S SPACE	
			*****					Date Incorporated or Qualife 08/25/1981	u 		<u> </u>
2. Principal Pl	lace of Business	2a. Mailing	g Address					FEI Number			plied For
21		26					<u> </u>	59-2120569			t Applicable
Suite, Apt.	#, etc.	<u></u>	Apt. #, etc.	ē			5.	Certifcate of Status Desired		\$8.75 A	
22	·	27 City &					-	E			·
City & State	e	-	State					Election Campaign Financing Trust Fund Contribution	,	Added 1	May Be
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Zip	25	29	[a	30	,			This corporation owes the cu Personal Property Tax.	illein year i	Yes	EINo ·
24	9. Name and Address of Curren			701				Name and Address of New	Registered		
				1	31 Name		. •,				
0,00	onnor, William J, Jr			L.		4 4 4 4 4 4	(D	O. Day Number is Not Asses	table)		
699	w royal palm rd			l'	82 Stree	t Addres	ss (P.	O. Box Number is Not Accep	nable)		
BOC	A RATON FL 33486			ļ.	33						
					84 City					85 Zip	Code
									F	ᆸᆝᆝ]
l office or n	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such	n change was aut	thonzed	by the cor	d corpor poration	ration n's boa	submits this statement for th ard of directors. I hereby acc	e purpose of ept the app	of changing its ointment as re	registered egistered
SIGNATURE											
0.0	Standard hand or printed name of registered ager	nt and title if annicabl	A (NOTE: È	Registered A	oent signature	required v	when rei	instating)	DATE		
	Signature, typed or printed name of registered ager OFFICERS AN				gent signature	required v		instating)	DATE FFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AN	nt and title if applicabl		13.	· · · · · · · · · · · · · · · · · · ·	required v				AND DIRECTO	DRS IN 12
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE: