

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90021 005 \*\*\*150.00

DOCUMENT # F53583

1. Corporation Name

FIDELITY REALTY & APPRAISAL SERVICE, INC.



Principal Place of Business

210 S OLIVE AVE  
WEST PALM BEACH FL 33401

Mailing Address

210 S OLIVE AVE  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1981

4. FEI Number

59-2139266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 205 DATURA ST.

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 W. PALM BEACH, FL.

Zip

24 33401

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 33401

Country

30 33401

9. Name and Address of Current Registered Agent

MCDONALD, J. ROBERT  
210 SOUTH OLIVE AVENUE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

205 DATURA ST. SUITE 200

83

84 City

W. PALM BEACH FL

85 Zip Code

33401

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

*J. Robert McDonald*  
Signature typed or printed name of registered agent and title if applicable

J. ROBERT McDONALD DP

1/11/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MCDONALD, J ROBERT  
STREET ADDRESS 210 S OLIVE AVE  
CITY-ST-ZIP W PALM BEACH FL

TITLE D ☐ DELETE

NAME ELHILOW, VINCE A  
STREET ADDRESS 230 ELLAMAR ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☒ DELETE

NAME COOK, CHRISTOPHER H  
STREET ADDRESS 6839 HAMMOCK LANE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME SHEAROUSE, JOS B  
STREET ADDRESS 6608 PAMELA LANE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VST ☐ DELETE

NAME MOREHEAD, JAMES M.  
STREET ADDRESS 124 COSTELLO ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE AV ☐ DELETE

NAME HICKMAN, MARIE S.  
STREET ADDRESS 1167 CHERLYNN TERRACE  
CITY-ST-ZIP W. PALM BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 205 DATURA ST. SUITE 200

1.4 CITY-ST-ZIP W. PALM BEACH, FL. 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D

3.3 STREET ADDRESS JOSEPH C. BOVA

3.4 CITY-ST-ZIP 713 JACANA WAY

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME NO. PALM BEACH, FL. 33408

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

*J. Robert McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

561-803-9708

Daytime Phone #

CR2E034 (11/98)

0320016