

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F53714

1. Corporation Name

FIRST FLORIDA APPRAISAL SERVICES, INC.

Principal Place of Business

718 N. FEDERAL HWY.
FT. LAUDERDALE, FL 33304

Mailing Address

718 N. FEDERAL HWY
FT. LAUDERDALE, FL
33304

3. Date Incorporated or Qualified
11/16/1981

3a. Date of Last Report
03/30/1995

4. FEI Number

59-2152336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIELER, GREGG
4700 BISCAYNE BLVD.
MIAMI, FL 33137

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature (Typed or printed name of signatory and title in the space below)

(Print) Registered Agent (signature and address when furnishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V/D
NAME FALK, JOSEPH L.
STREET ADDRESS 4700 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE P/D
NAME WILSON, STUART
STREET ADDRESS 4700 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE S/T/D
NAME RICHARD, JUDITH S.
STREET ADDRESS 4700 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001845356
-05/31/96--01015--030
***200.00

☐ Addition

5-1-96
DEB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/96

(305) 573-8800

X501

CR2E034 (12/95)