03-16-1999 90030 048 ***150.00

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

DOCUMENT # F53714

1. Corporation Name

first fl	orida appraisal ser	VICES INC.						
Principal Place of Business Mailing Address							0,0,, 0,0,, 0,0,, 0,	
718 NORTH FEDERAL HIGHWAY 718 NORTH FEDERAL HIGHW FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304			VAY			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed	·	
						11/16/1981		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	App	lied For
26						59-2152336	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year In		\
24	25 29 30		30			Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent		<u>. T</u>	Mana	10. Name and Address of New Registered	1 Agent	
COLE	LED CDECC		8	'	Name			
Spieler, Gregg 4700 Biscayne BlVD.			8:	2	Street Addres	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33137			8:	83				{
			84	4	City	. FI	85 Zip C	ode
44 Burniant	to the provinions of Sections 607	0502 and 607 1508 Florida Statute	s the abov	 ve-r	named como	ration submits this statement for the purpose of	of changing its	registered
office or re	egistered agent, or both, in the St	ate of Ftorida. Such change was au ligations of, Section 607.0505, Flori	itnorizea di	y tn	e corporation	's board of directors. I hereby accept the appe	ointment as reg	istered
SIGNATURE						when reinstation) DATE		
organization, typos of				egistered Agent signature require		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	VD DELETE		1.1 TITLE			ADDITIONAL PROPERTY OF THE LINE T	Change	Addition
TITLE				1.2 NAME			_	
NAME	4700 BISCAYNE BLVD.		1.3 STREET ADDRESS		nnpess			
STREET ADDRESS	MIAMI, FL 00000							ļ
CITY-ST-ZIP TITLE			2.1 TITLE	1.4 C/TY-\$T-Z/P			Change	Addition
	·			2.2 NAME				1
NAME STREET ADDRESS	COCC F COLONIAL DD			2.3 STREET ADDRESS				s
'	A			2.4 CITY-ST-ZIP				{
CITY-ST-ZIP TITLE			31 TITLE				Change	Addition
NAME	The second secon		3.2 NAME					}
STREET ADDRESS	4700 BISCAYNE BLVD.		3.3 STRE	3.3 STREET ADDRESS				{
CITY-ST-ZIP	MIAMI FL		3.4. CITY-					
TITLE				4.1 TITLE			Change	☐ Addition
NAME	4.2		4. 2 NAM	4. 2 NAME				1
STREET ADDRESS	4		4.3 STRE	4.3 STREET ADDRESS				į
CITY-ST-ZIP			4.4 CITY-	ST-Z	ZIP			
TITLE			5.1 TITLE	5.1 TITLE			Change	Addition
NAME			5.2 NAME					Ì
STREET ADDRESS			5.3 STRE	ETA	ODRESS			}
CITY-\$T-ZIP		···-	5.4 CITY-		ZIP			
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME	•				
STREET ADDRESS	}		6.3 STRE	ETA	DORESS			,

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Joseph L. Falk, Vice President

3/12/99