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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G27978

(7)

1. Corporation Name

AMERICAN EAGLE APPRAISERS, INC.

Principal Place of Business

169 CARLISLE AVE  
PORT CHARLOTTE FL 33952  
US

Mailing Address

P.O. BOX 3240  
PORT CHARLOTTE FL 33949-3240  
US



3. Date Incorporated or Qualified  
02/22/1983

3a. Date of Last Report  
06/07/1996

2. Principal Place of Business

21 169 CARLISLE AVE NW

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 Port Charlotte, FL

City & State

27 " " "

Zip

23 33952

Country

24 USA

Zip

28 " "

Country

29 " "

9. Name and Address of Current Registered Agent

KOLE, ROBERT A  
169 CARLISLE AVE. N.W.  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-97

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME KOLE, ROBERT A  
STREET ADDRESS 169 CARLISLE AVE. N.W.  
CITY- ST- ZIP PORT CHARLOTTE FL 33952  
VS

TITLE  
NAME KOLE, KEBE  
STREET ADDRESS 169 CARLISLE AVE. N.W.  
CITY- ST- ZIP PORT CHARLOTTE FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-97 941-625-1422

CR2E034 (9/96)