PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # G38368



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90022 031 ***150.00



A.R.E.A. REAL ESTATE APPRAISERS, INC. Mailing Address Principal Place of Business 290 AVE A NW P.O. BOX 334 P.O. BOX 334 P.O. BOX 334 DO NOT WRITE IN THIS SPACE WINTER HAVEN FL 33882-0334 WINTER HAVEN FL 33881 3. Date Incorporated or Qualifed 05/13/1983 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2299667 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible □ No 29 Personal Property Tax. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CARREROU, OSWALD Street Address (P.O. Box Number is Not Acceptable) 82 290 AVENUE A. N.W. WINTER HAVEN FL 33881 83 85 Zip Code 84 City F١ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition □ DELETE 1.1 TITLE TITLE CARREROU, OSWALD 1.2 NAME NAME 290 AVENUE A, N.W. STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition ☐ DELETE [] Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)