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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # H92828

(3)

AMERICAN APPRAISAL SERVICES, INC. Principal Place of Business Mailing Address						
12000 N. BAYSHORE DR. 209 N. MIAMI FL 33181		12000 N. BAYSHORE DR. 209 N. MIAMI FL 33181				
				 Date Incorporated or Qualified 01/06/1986 	3a. Date of Last 01/20/1	•
. Principal Pla	de of Business	2a. Mailing Address		4. FEI Number		Applied For
		26		59-2640633		Not Applicable
Suite, Apt. # 	eto	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 7	5 Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
 Ζιρ	Country	Žiρ	Country	8. This corporation has liability for	or intangible tax under	· · · · · · · · · · · · · · · · · · ·
<u>.</u>	25	[29]	[30]	Florida Statutes Y		
	9. Name and Address of Cu	irrent Hegisterea Agent	81 Name			
				LIPSICK, PE	1 En	
LIPSICK, PETER 12000 N. BAYSHORE DR. 209 N. MIAMI FL 33181			82 Street Add	tiess (P.O. Box Number & Not Accept	rigno A	reme
14. mican	116 33101		84 City	11Am Beach	FL 65	33740
1. Pursuarit to or registere familiar with	id agént, or bet h, in the State of I	0502 and 607.1508, Florida Statut Florida Such change was authoriz Section 607.050€, Fiorida Statutes	red by the corporation's box	oration submits this statement for the pard of directors. I hereby accept the ap	ourpose of changing its appointment as registere	registered office ed agent. I am
:GNATURE	Let of	rocall		and above method	3/8/96	
GNATURE	typen's or speed on how had return out respectives.	rocall	DIE Registered Agest signature requir	ned when reinstating) ADDITIONS/CHANGES TO O	3/8/96 FRICERS AND DIRECT	ORS IN 12
GNATURE _	typen's or speed on how had return out respectives.	Najorita da esta esta esta esta esta esta esta est			3/8/96 DATE FFICERS AND DIRECT Change	
GNATURE	tjusti ze grad ni jerkod na reki tespolovil OFFICE FIS	S AND DIRECTORS	OTE Responded Agent signature requir			
GNATURE	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS	OTE Pasyoleniad Agent signature required. 13. 1 TITLE			
CSNATURE LEF ME ME ME ME ME ME ME ME ME	OFFICERS PD UPSICK, PETER G.	S AND DIRECTORS 1 DETER	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP		☐ Change	Addition
GNATUFIE R RF ME HELLACORESS LY - ST - ZU'	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADOPESS 1 4 CITY-ST-ZIP 2 1 TITLE			Addition
GNATURE L EF ME HELLACORESS Ly-SL-Zir H MY	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS 1 DETER	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY- ST-ZIP 2 1 TITLE 2 2 NAME		☐ Change	Addition
SNATUER L L ME SLITATORES Y-SI-ZU H ME SCELATORES	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS 1 DETER	13. 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		☐ Change	Addition
GNATURE L L L ME LLLADBESS Y-SI-ZIP L ME RELADBESS Y-SI-ZIP	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY- ST-ZIP 2 1 TITLE 2 2 NAME		☐ Change	Addition
GNATURE L L L L ME HLLI ADDRESS LY-ST, 7/P MY HLLI ADDRESS LY-ST, 7/P L MY LEFT ADDRESS LY-ST, 7/P LY-S	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS 1 DETER	13. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change	Addition
SNATUFE ME ME ME SELACORESS Y-SI-ZIP ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209	13. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 3 TITLE 3 TITLE 3 TITLE 4 CITY-ST-ZIP 3 TITLE 3 TITLE 4 CITY-ST-ZIP 4 CITY-ST		☐ Change	Addition
SNATUFE ME ME ME ME STATE MY	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3 2 NAME 3 3 NAME 3 N		☐ Change	Addition
SNATUFE ME ME ME SELATORESS Y-SI-ZIP A MY MY ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209	13. 1 TITLE		☐ Change	Addition Addition
SNATUFE ME ME ME METACORESS Y-SE-ZOF MY MY METACORESS Y-SE-ZOF F MY	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209 DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CHY-SI-ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-SI-ZIP 3 4 CHY-SI-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-SI-ZIP		☐ Change	Addition Addition
SNATUFIE F ME ME ME HTTA DRESS Y ST ZIP Y ST ZIP WE ME HTA DRESS Y ST ZIP WE	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209 DELETE	13. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.1 TITLE		☐ Change	Addition Addition
SNATUFE IF ME ME ME HELACORESS Y-SE-ZOP J- MY ME HALORESS Y-SE-ZOP J- ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE C. DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY-ST-ZIP		☐ Change	Addition Addition Addition
SNATUFE LE ME ME ME ME HELADRESS Y-SE-ZOP LE ME ME HADDRESS Y-SE-ZOP LE ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE R.209 DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 CHY-ST-ZIP 5 1 TITLE		☐ Change	Addition Addition Addition
SNATUFE F ME ME ME HELADRESS Y-SE-ZOP F ME ME HADDRESS Y-SE-ZOP F ME ME HADDRESS Y-SE-ZOP F ME ME ME HADDRESS Y-SE-ZOP F ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE C. DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TILLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TILLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TILLE 5 2 NAME		☐ Change	Addition Addition Addition
SNATUFE F ME ME ME HADRESS Y SEZIP F ME ME HADRESS Y SEZIP F ME ME HADRESS Y SEZIP ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE C. DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change	Addition Addition Addition
SNATUFE LE ME	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DELETE C. DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 4 CHY-ST-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
SNATUFE IF ME BELLA DRESS Y SEZIO IF MY RELACORESS Y SEZIO IF IF MY RELACORESS Y SEZIO IF IF	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DETETE C. DELETE DELETE	13. 1 TITLE		☐ Change	Addition Addition Addition
GNATURE LEF ME ME MELLACORESS Y ST ZIP JE MELLACORESS Y ST ZIP JE MELLACORESS N ST ZIP JE MELLACORESS NST ZIP JE MELLACORESS	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DELETE C. DELETE DELETE DELETE	13. 1 TITLE		☐ Change ☐ Change ☐ Change	Addition Addition Addition
	PD UPSICK, PETER G. 12000 N. BAYSHORE DR	S AND DIRECTORS DELETE C. DELETE DELETE DELETE	13. 1 TITLE		☐ Change ☐ Change ☐ Change	Addition Addition Addition

SIGNATURE:

IGNATURI AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/16 (305) 538 6623