SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:13

DOCUMENT # J09880 (2)

1. Corporation Name

DIRECT APPRAISAL SERVICE, INC.

Principal Place of Business	Mailing Address
% MALCOLM G. MACNEILL 9690 NORTHWEST 41ST STREET MIAMI FL 33178	% MALCOLM G. MACNEILL 9690 NORTHWEST 41ST STREET MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: 04/18/1986
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0761377 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROGAN, THOMAS B.
9690 NORTHWEST 41ST STREET
MIAMI FL 33178

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 _____ DATE 6/16
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS AND/OR CORRECTIONS	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MACNEILL, MALCOLM G.	12 NAME	
STREET ADDRESS	PO BOX 52-5100 N/A	13 STREET ADDRESS	DELETE
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROGAN, THOMAS B.	22 NAME	
STREET ADDRESS	PO BOX 52-5100 N/A	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MCCURDY, JOSEPH P.	32 NAME	
STREET ADDRESS	PO BOX 52-5100 N/A	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	FRANCO, MARY M	42 NAME	
STREET ADDRESS	485 DEVON PARK DR, STE 115	43 STREET ADDRESS	
CITY ST ZIP	WAYNE PA	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	GRIBBIN, MICHAEL, C	52 NAME	
STREET ADDRESS	9690 N.W. 41ST ST	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	DAS	61 TITLE	☐ Change ☐ Addition
NAME	WEAVER, GEOFFREY	62 NAME	
STREET ADDRESS	9690 N.W. 41ST ST	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	

CR2E084 (3/95)

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 the 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.

SIGNATURE: Mary M Franco 6/13/95 610-688-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062455 CP