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Feb 28 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 # J54112 (4)

1. Corporation Name  
APPRAISAL COMPANY OF KEY WEST, INC.

Principal Place of Business

3229 FLAGLER AVE., UNIT 101  
P. O. BOX 2152  
KEY WEST FL 33045-9152

Mailing Address

3229 FLAGLER AVE., UNIT 101  
P. O. BOX 2152  
KEY WEST FL 33045-2152

3. Date Incorporated or Qualified  
01/28/1987

3a. Date of Last Report  
03/19/1996

4. FEI Number

59-2786252

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

9. Name and Address of Current Registered Agent

PADRON, RICHARD  
3229 FLAGLER AVE., UNIT 101  
P. O. BOX 2152  
KEY WEST FL 33045-9152

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D  
PADRON, RICHARD  
78 DOGWOOD LANE  
SUGARLOAF SHORES FL

TITLE NAME ☐ DELETE

VP  
LIZ-TRUILLLO, ELAINE  
1613 TRINIDAD DR  
KEY WEST FL

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (305) 256-4568  
Date Daytime Phone #

CR2E034 (9/96)