

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J88447** (4)

1. Corporation Name

APPRAISAL ASSOCIATES OF TAMPA BAY, INC.

Principal Place of Business

Managing Address

% JERRY S. FIALA
1248 ROGERS ST., STE. I
CLEARWATER FL 34616

% JERRY S. FIALA
1248 ROGERS ST., STE. I
CLEARWATER FL 34616



2. Principal Place of Business

2a. Managing Address

21

26

Subs., Apt. #, etc.

Subs., Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

FIALA, JERRY S.
1248 ROGERS ST., STE. I
CLEARWATER FL 34616

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 607.1501, 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

D
FIALA, JOSEF J.
12944-7436 AVE. N.
SEMINOLE, FL

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(1)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the person or persons authorized to execute this report as provided in Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13, if changed, or on an attachment with an address.

SIGNATURE:

Jerry S. Fiala (Jerry S. Fiala, President)

3/29/96

(813) 441-2880

CR2E034 (12/95)