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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K85173

(8)

CONNOR APPRAISAL COMPANY

Principal Place	e of Business	М	ailing Address					f sedicini doi setal dilen ildicided ill		A DIDIH DIDIH DIDI) 4 (4) (4) (
510 N. PHELPS AVE. WINTER PARK FL 32789 US			C/O J. HAL CONNOR (II 510 NORTH PHELPS AVENUE WINTER PARK FL 32789-3967								
								3. Date Incorporated or Qualified 05/03/1989	- (Date of Last F 5/01/1996	Report
	lace of Business		Mailing Address					4. FEI Number			pplied For
21]		26						59-2943727			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	0	7_	City & State				1	6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution			to Fees
Ζιρ	Country	\vdash	Zip	<u> </u>	untry			8. This corporation has liability for	intangibi	le tax under s	s. 199,032,
24	25 9. Name and Address of Curren	29 t Regis	tered Anent	30	т-			Florida Statutes 10. Name and Address of New Re		No Agent	
			nerou Aguin		81	Name	<u>.</u>	iv. Italia and Manipa of Half Inc	3.0.0.0	2 2 3 0 1 1 1	
	INOR, J. HAL III										
510 NORTH PHELPS AVENUE WINTER PARK FL 32789			82 Stree			Street Ad	Address	(P.O. Box Number is Not Acceptate	ole}		
****	IER PAIR IE GETGG				63		·				
					84	City				85 Zip	Code
				**		•			FI	L '	
11. Pursuant office or r	to the provisions of Sections 607.050; edistored agont, or both, in the State in turn of with a prograph the obliga	2 and 6 of Flori	607.1508, Florida Statut da. Such change was i	tes, the a	above ad by	named corpo	corporation's	ation submits this statement for the p 's board of directors. I hereby accel	ourpose of the ac	of changing i	its registered s reaistered
agent La	apilde and paroper as fullway miner m	tions 0	7, Section 607.0505, Fl	orida St	itute		. / ===	a el	•	60	Q
SIGNATURE	Signature specific printed name of registered age	or need tile	de application (NO)			5 N 1		when reinstating)			
12.	OFFICERS AND					ill signature re	reduien Mi		DATE		
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SIGNATURE:

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 comparation 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 a larged, or on an attachment with an address.

FILED

Apr 14 1997 8:00am

Secretary of State