## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51592

(8)

ROCHE APPRAISAL SERVICES, INC.

## **FILED** Apr 28 1997 8:00am Secretary of State



4228 BEN BLVD TALLAMASSEE FL 88803		Mailing Address 4226 BEN BLVD TALLAHASSEE FL 323 US	03 <del>-7147</del>	3. Date incorporated or Qualified 3a. Date of Last Report		
2. Principal Place o	f Business	2a. Marling Address	· · · · · · · · · · · · · · · · · · ·	02/21/1990 4. FEI Number	04/24/1996 Applied For	
	TA LLAVANA TEA		UNDUAND TRAIL	59-3015154	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State 23 H4 VAN	o FLA	City & State 28 HAVAVA	Tra	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip_	Country	Zip	Country	8. This corporation has liability for a	Added to Fees	
24 32339	25 GAOSNEN	29 32933	30 GARDS DON		Yes No	
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
	WALTER L.	ma. Tallaria	81 Name			
- <del>5124-0</del> B	NTENINIAL OAK CIR.	030 IAIIAVAN	82 Street Addr	B2 Street Address (P.O. Box Number is Not Acceptable)		
TALLAH	160EE FL 32308	1030 TALLAVAN AVANA FLA	83			
		3233				
		• • • •	84 City		FL 85 Zip Code	
office or registe agent. I am fur SIGNATURE	ried agont, or both, in the State illar fillh, and second the oblig 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e of Florida. Such change w gations of, Section 607.0505	as authorized by the corporal , Florida Statutes.  (NOTE: Registered Apent signature requirements)  13.	-	ot the appointment as registered	
1	CHE, WALTER L.		1		- · - \	
	M BEN BLUT-		1.3 STREET ADDRESS	2030 TOHAVANA 1	eail-	
	LAHASSEE FL.		1.4 CITY-S1-ZIP	2030 TALLAVANA TA HAUANA FLA 32	<i>333</i>	
TITLE D		☐ DELETE	2.1 TITLE		Change Addition	
1 1 7	CHE, JAN B.		2.2 NAME			
	RE BEN BLVD		2.3 STREFT ADDRESS	2036 Tallavana : HAVANA FLA 32:	rail_	
	HAMASSEE FL			HAUANA FLA 32:		
TITLE		L.] DELETE	31 TITLE		☐ Change ☐ Addition	
NAME OTREET ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - \$1 - 7 IP 4.1 TITLE		Change Addition	
NAME	,		4. 2 NAME		- suango - radinon	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(TY - ST - Z(P)			
TITLE		☐ DELE1E	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-S1-7IP			
TITLE		☐ DELETE	61 TILLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I do hereby cer	tify that the information supplie	ed with this filing does not qu	ualify for the exemption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the	

ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name