PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L51592

1. Corporation Name

ROCHE APPRAISAL SERVICES, INC.

or Business	Mailing Address							
IA TRAIL	2030 TALLAVANA TRAIL						1	
HAVANA FL 32333 HAVANA FL 32333 US US				ļ	DO NOT WEI	TE IN THIS	SPACE	
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and of Business	2a Mailing Address					·		Applied For
ace of Business	<u> </u>						-	Not Applicable
tt etc							\$8.7	75 Additional
Ŧ, GIG.	h				5. Certifcate of Status Desired			e Required
e					6 Election Campaign Financing		\$5	00 May Be
—				1	, •			led to Fees
Country	Zip	Countr	у	1		ent vear Int	angible	_
25	29	30			Personal Property Tax.		∐Yes	MNo
		14-1			10. Name and Address of New F	Registered	Agent	
		84	Nam	ne				
HE, WALTER L.		9'	Stro	ot Address	(P.O. Boy Number is Not Accents	able)		
TALLAVANA TRAIL		02	3116	et Address	S (F.O. Box Humber is Not Accepte	ibic,		ì
ANA FL 32333		83	3					
•		_					- loe!	Zip Code
		84	City			FL	_ 85	Zip Code
to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abov	ve-nam	ed corpora	ition submits this statement for the	purpose of	changin	g its registered
egistered agent, or both, in the State	of Florida. Such change was a	authorized by	y the co	rporation's	s board of directors. I hereby accep	ot the appoi	ntment a	as registered
ti tamiliar with, and accept the obliga	Midris di, declidir dar.0303, i k	Alda Statute	J.					
Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered Agr	ent signatu	re required wh	nen reinstating)	DATE		
		13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTORS IN 12
D	☐ DELETE	1.1 TITLE					Cha	nge 🗌 Addition
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	A TRAIL ATRAIL ACCOUNTY 25 9. Name and Address of Currer HE, WALTER L. TALLAVANA TRAIL ANA FL 32333 To the provisions of Sections 607.050 agistered agent, or both, in the State on familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AND ROCHE, WALTER L.	A TRAIL A TRAIL 2030 TALLAVANA TRAIL HAVANA FL 32333 US ace of Business 2a. Mailing Address 256 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country Zip 25 9. Name and Address of Current Registered Agent HE, WALTER L. TALLAVANA TRAIL ANA FL 32333 to the provisions of Sections 607.0502 and 607.1508, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of, Section 607.0505, Florida Statusen familiar with, and accept the obligations of Section 607.0505, Florida Statusen familiar with, and accept the obligations of Section 607.0505, Florida Statusen familiar with, and accept the obligations of Section 607.0505 and	A TRAIL A TRAIL BY A TRAIL A TRAIL A TRAIL BY A STATE Country Country Zip Country Zip Country Zip Country Zip Country Zip Country ANA FL 32333 Solution and Address of Current Registered Agent HE, WALTER L. TALLAVANA TRAIL ANA FL 32333 BY	A TRAIL A TRAIL BY ANA TRAIL A TRAIL A TRAIL BY ANA FL 32333 US Country Country Zip Country Zip Country Zip Country Zip Country Zip Country ANA FL 32333 Street ANA FL 32333 BY Country Zip Country Zip Country ANA FL 32333 BY Country ANA FL 32333 BY Country BY ANA FL 32333 BY Country ANA FL 32333 BY ANA FL 32333 BY Country ANA FL 32333 BY Country ANA FL 32333 BY ANA F	A TRAIL 2030 TALLAVANA TRAIL HAVANA FL 32333 US ace of Business 2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Country Zip Country 25 9. Name and Address of Current Registered Agent HE, WALTER L. TALLAVANA TRAIL ANA FL 32333 81 Name 82 Street Address ANA FL 32333 83 84 City to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora agistered agent, or both, in the State of Florida. Such change was authorized by the corporation of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. 1.1 TITLE	A TRAIL 133 133 134 135 135 136 137 137 137 138 138 138 138 138	A TRAIL A TRAIL B33 B44 B33 B44 B44 B44 B45 B45	A TRAIL ATRAIL ATRAIL ATRAIL ANA FL 32333 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/21/1990 4. FEI Number 59-3015154 F. etc. Suite, Apt. #, etc. 27 City & State Country Zip Country Zip Country Zip Country S. Trust Fund Contribution Fe 9. Name and Address of Current Registered Agent HE, WALTER L. TALLAVANA TRAIL ANA FL 32333 B4 City FL 85 City FL 85 City FL 85 City FL 85 Country B1 Name B1 Name B4 City FL B5 City FL B5 Country B1 Name B4 City FL B5 Country B1 Name B4 City FL B5 Country B4 City FL B5 Country B7 Country B1 Name B4 City FL B5 Country B4 City FL B5 Country B7 Country B7 Country B8 Country B8 Country B1 Name B4 City FL B5 Country Country B1 Name B4 City FL B5 Country Country B1 Name B4 City FL B5 Country Country Country B1 Name B4 City FL B5 Country Country Country Country Country B1 Name B4 City FL B5 Country Country Country Country B1 Name B4 City FL B5 Country Country Country Country B1 Name B4 City FL B5 Country Count

I 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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90061 050 ***150.00