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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADORESS

appears in Block 12 or Block 13 if changed, o

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62163

(5)

MIS APPRAISAL SERVICES OF FLORIDA. INC.

Mailing Address Principa! Place of Business W JOSEPH C. GILSON % JOSEPH C. GILSON 8910 MIRAMAR PKWY. STE 205 8910 MIRAMAR PKWY. STE 205 MIRAMAR FL 33025 MIRAMAR FL 33025-4187 3. Date Incorporated or Qualified 3s. Date of Last Report 04/04/1990 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0249420 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Ź3 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GILSON, JOSEPH C. 81 Name **8910 MIRAMAR PKWY** Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 205 MIRAMAR FL 33025 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DS DELETE Change Addition 11 TITLE TITLE KAUFMAN, STEVEN 1.2 NAME NAME CR2E034 1404 E. 9TH ST., STE 300 STREET ADDRESS 1.3 STREET ADDRESS **CLEVELAND OH** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE HIGNETT, KENNETH L 2.2 NAME NAME 29228 REGENCY CIRCLE STREET ADDRESS 2.3 STREET ADDRESS Westlake oh CITY - ST - ZIP 2.4 CITY-ST-ZIP **DELETE** Change Addition 3.1 TITLE TITLE GILSON, JOSEPH C. 32 NAME NAME 8910 MIRAMER PKWY #205 **33 STREET ADDRESS** STREET ADDRESS MIRAMAR FL 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change ■ Addition TITLE STEIN-SEPIR, LEONARD 4. 2 NAME NAME 1280 SOM CENTER ROAD #298 STREET ADDRESS 4.3 STREET ADDRESS MAYFIELD HTS OH CITY-\$1-7P 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-\$1-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 supplied enter 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 poceity or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.1 TITLE

6.2 NAME

DELETE

Daytime Phone #

Change

Addition

FILED

Feb 18 1997 8:00am

Secretary of State