FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65194** **(7)**

1. Corporate Name
FLORIDA APPRAISAL SERVICE TEAM, INC.

Principal Place of Business
% PAULINE E. THOMPSON
3900 NW 79TH AVE. STE. 600-A
MIAMI FL 33166

Mailing Address
% PAULINE E. THOMPSON
3900 NW 79TH AVE., STE. 600-A
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1990**
3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22
Suite, Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **65-0199097** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is the corporation currently qualified to conduct its affairs in Florida pursuant to Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, PAULINE E.
3900 NW 79TH AVE. #600-A
MIAMI FL 33166

10. Name and Address of New Registered Agent

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 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR(S)

Title	PD
Name	THOMPSON, PAULINE E.
Street Address	3900 NW 79TH AVE #600-A
City-State-Zip	MIAMI SPRINGS FL
Title	VD
Name	KOWALSKI, THEODORE J.
Street Address	3900 NW 79TH AVE #600-A
City-State-Zip	MIAMI FL
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	

14. I declare, certify, that the information supplied with this report is accurate and that it does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report listed and identified above, 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Pauline Thompson — 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date

0102307 CP