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 # M61523 (0)

1. Corporation Name
PROFESSIONAL VALUATION SERVICES, INC.

Principal Place of Business: 1750 E. SUNRISE BLVD, FT. LAUDERDALE FL 33304

Mailing Address: 1750 E. SUNRISE BLVD, FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0013090 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

CARVALHO, JEAN
1750 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

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. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIECO, FRANK V.
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	EANES, JASPER R.
STREET ADDRESS	1750 E. SUNRISE BLVD
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	V
NAME	ABER, WILLIAM L.
STREET ADDRESS	1750 E. SUNSRISE BLVD.
CITY, ST, ZIP	FT.LAUDERDALE FL
TITLE	S
NAME	CARVALHO, JEAN
STREET ADDRESS	1750 E. SUNRISE BLVD
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	LEVAN, ALAN B
STREET ADDRESS	1750 E SUNRISE BLVD
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: Jean Carvalho 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0212002 CP