Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90167 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M61523

1. Corporation Name

PROFESS	Sional Valuation Servic	ES, INC.			
Principal Place	e of Business	Mailing Address		1 10010011 110 01101 11001 01110 1100 1111 011	iii didii didii didii Bidii didii issi
1750 E. SUNRISE BLVD FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304				DO NOT WRITE IN T	-IS SPACE
				3. Date Incorporated or Qualifed	
				10/27/1987	
2. Principal Pf	ace of Business	2a. Mailing Address		4. FEI Number	Apr lied For
21		26		65-0013090	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Cour try	Zip	Country	8. This corporation owes the current year	ntangible
24	25	29 3	0	Persor al Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Register	ed Agent
			81 Name	ACK A. FURNAY	FSD.
CARVALHO, JEAN			82 Street A	dress (P.O. Box Number is Not Acceptable)	
1750 E. SUNRISE BLVD			175	O E. SUYNISE K	CVD.
FT: LAUDERDALE FL 33304			83		
			84 City		85 Zip Code
	<u></u>			LAUGUALE F	L 33:108
office cres	scietored agent or both in the State o	if Florida, Such change was suff	horized by the comor/i	rporation submits this statement for the purpose tion's board of (lirectors, I hereby accept the ap	contract as registered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes.		2/2/00
SIGNATUFE	Jaczu.	Tubo-	_ , ,	+. FUNTAH iret when reinstation) DATE	01017
	Signature, types or printed na ne of registered agent OFFICERS ANI		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	PD OFFICERO ARE	DELETE	1,1 TITLE	TABBITA MOIOTH MICES TO CIT TOLETO	
NAME	GRIECO, FRANK V.				☐ Change ☐ Addition
STREET ADDRESS			1.2 NAME		☐ Change ☐ Addition
			1.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP	1750 E. SUNRISE BLVD.		1.3 STREET ADDRESS		
!Tm = I	FT. LAUDERDALE FL	DELETE	1.3 STREET ADDRESS	ec'y lineas.	
TITLE	FT. LAUDERDALE FL	DELETE	1.3 STREET ADDRESS	EC'Y (TREAS.	
NAME	FT. LAUDERDALE FL T EANES, JASPER R.	DELETE	1.3 STREET ADDRESS	EC'Y (TREAS. ARETT S. LEVAY 250 G. SUYNISE BLU	
NAME STREET ADDRESS	FT. LAUDERDALE FL T EANES, JASPER R. 1750 E. SUNRISE BLVD	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2 2 NAME 2.3 STREET ADDRESS	EC'Y (TREAS. THETT S. LEVAY 150 E. SUYNISE BLU T. LAUDERBRIE FU	☐ Change 【Addition
NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL T EANES, JASPER R. 1750 E. SUNRISE BLVD FT. LAUDERDALE FL	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2 2 NAME 2.3 STREET ADDRESS	EC'Y (TNEAS. THETT S. LEVAY 150 E. SUYNISE BLU T. LAUBENOGLE, FU	☐ Change 【Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT. LAUDERDALE FL T EANES, JASPER R. 1750 E. SUNRISE BLVD FT. LAUDERDALE FL V		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	EC'Y (TREAS. ARTT S. LEVAY 150 E. SUHNISE BLU T. LAUBENDALE, FU	Change SAddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT. LAUDERDALE FL T EANES, JASPER R. 1750 E. SUNRISE BLVD FT. LAUDERDALE FL V ABER, WILLIAM L.		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	EC'Y (TRAS. TRETT S. LEVAY 150 E. SUYNISE BLU T. LAUSENDINE, FU	Change SAddition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify fir 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 recluired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

754-760-5465