

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

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**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82414 (7)
1. Corporation Name
MICHAEL J. KAVANAGH APPRAISERS, INC.



Principal Place of Business: **2263 NW BOCA RATON BLVD. SUITE 206 BOCA RATON FL 33431**
Mailing Address: **2263 NW BOCA RATON BLVD. SUITE 206 BOCA RATON FL 33431-7401**

3. Date Incorporated or Qualified: **05/13/1988**
3a. Date of Last Report: **02/21/1996**

21	2200 NW BOCA RATON BLVD	22	Suite 213	23	BOCA RATON, FL	24	33431	25	PALM BEACH	26	33431	27	Suite 213	28	BOCA RATON, FL	29	33431	30	PALM BEACH	31	65-0051486	32	Applied For	33	Not Applicable		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		3a. Date of Last Report		3b. Additional Fee Required		3c. May Be Added to Fees		3d. Yes/No		3e. Name and Address of New Registered Agent		3f. Name		3g. Street Address (P.O. Box Number is Not Acceptable)		3h. City/State/Zip	

9. Name and Address of Current Registered Agent
**KAVANAGH, MICHAEL J.
2263 NW BOCA RATON BLVD
SUITE 206
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
**2200 NW BOCA RATON BLVD.
Suite 213
BOCA RATON FL 33431**

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: _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAVANAGH, MICHAEL J.	
STREET ADDRESS	2783 NE 15TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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: *Michael J. Kavanagh* Michael J. KAVANAGH 11/30/97 11/30/97

CR2E034 (9/96)