

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M97709

(3)

1. Corporation Name

METRO APPRAISAL SERVICE, INC.



Principal Place of Business

C/O SAM I. REIBER
601 E. TWIGGS ST., STE 200
TAMPA FL 33602-0920

Mailing Address

C/O SAM I. REIBER
601 E. TWIGGS ST., STE 200
TAMPA FL 33602-0920

3. Date Incorporated or Qualified
09/08/1988

3a. Date of Last Report
10/02/1995

4. FET Number
59-2904593

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REIBER, SAM I.
600 NORTH FLORIDA AVENUE
SUITE 1610
TAMPA FL 33602

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

Signature of Special Agent in Charge of the Department of State

Signature of Registered Agent (Signatures must be in ink)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ESKINE, SCOTT
2809 TAMMARRON LANE
BRANDON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

(813) 216-7440

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