2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State
02-18-2004 90002 022 ***150.00

DOCUMENT # P03000088463

1. Entity Name

HINES & ASSOCIATES APPRAISALS INC.

Principal Place of Business	Mailing Address
3600 N. STATE ROAD 7 SUITE 351 MIRAMAR FL 33023 US	3600 N. STATE ROAD 7 SUITE 351 MIRAMAR FL 33023 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
3600 S. STATE ROAD 7	3600 S. STATE ROAD 7
Suite, Apt. #, etc.: 351	Suite, Apt. #, etc.: 351
City & State: MIRAMAR FLORIDA	City & State: MIRAMAR FLORIDA
Zip: 33023 Country: U.S.	Zip: 33023 Country: US

4. FEI Number: 06-1704825 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
111 N.E. FIRST STREET
SUITE 901
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES HINES, HAROLD P 3600 N. STATE ROAD 7, SUITE 351 MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3600 S. STATE ROAD 7 MIRAMAR FL. 33023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA HINES, ANDRE P 3600 N. STATE ROAD 7, SUITE 351 MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3600 S. STATE ROAD 7 MIRAMAR FL. 33023.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECR HINES, NATALIE L 3600 N. STATE ROAD 7, SUITE 351 MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3600 S. STATE ROAD 7 MIRAMAR FL. 33023.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD P. HINES 02/26/04 954-993-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #