

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:36

DOCUMENT # P92000009021 (6)

1. Corporation Name

NATIONAL VALUATION SERVICES C&A GROUP, INC.

Principal Place of Business

**1515 N. FEDERAL HWY
SUITE 300
BOCA RATON FL 33432**

Mailing Address

**1515 N. FEDERAL HWY
SUITE 300
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0377491

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HILLER, SIDNEY P
1515 NORTH FEDERAL HWY
STE 300
BOCA RATON FL 33432**

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

**PS
HILLER, SIDNEY P
1201 US HWY ONE SUITE 240
NORTH PALM BEACH FL 33408-3547**

**VT
SCRIVENS, ROBERT H JR
1201 US HWY ONE SUITE 240
NORTH PALM BEACH FL 33408-3547**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**PS
HILLER, SIDNEY P
1515 NORTH FEDERAL HWY, SUITE 300
BOCA RATON, FL. 33432**

**VT
SCRIVENS, ROBERT H. JR.
1515 NORTH FEDERAL HWY, SUITE 300
BOCA RATON, FL. 33432**

☒ Change

☐ Addition

☒ Change

☐ Addition

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☐ 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

(407) 392-4550