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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P92000009021 (6)

NATIONAL VALUATION SERVICES C&A GROUP, INC.

Principal Plac		•	Mailing Address				
1515 N. FEDERAL HWY SUITE 300		1515 N. FEDI SUITE 300	1515 N. FEDERAL HWY				
BOCA RATON FL 33432			BOCA RATON FL 33432			DO NOT WRITE IN THIS	SPACE
}						3. Date Incorporated or Qualified	
						12/03/1992	
<u>⊢</u>	'lace of Business	2a, Mailing A	dress			4. FEI Number	Applied For
21 Puito Ant	# oto	Suite, Apt	# cla			65-0377491	Not Applicable
Suite, Apt.	#, etc.		. #, BIG.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e		City & State			6. Election Campaign Financing	\$5.00 May Be
23	-	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes or has paid the c	
24	25	29	30			Personal Property Tax due June 30.	X Yes ☐ No
	9. Name and Address of Curr	rent Registered Ager	nt	Ι.,		10. Name and Address of New Registere	d Agent
HIL	LER, SIDNEY P			81	Name		į
1515 NORTH FEDERAL HWY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
STI	E 300						- <u>-</u>
│ 80	CA RATON FL 33432			63			
ł				84	City		85 Zip Code
					···	F	-
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obline familiar with a section of the sections for the section for the sections for the section for the	ate of Florida. Such ch	iange was authoriz	ed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE	Signature, lyped or printed name of registered	angul and tyle if applicable	(NOTE Registe	rad Ana	ol ejonalura regulira	d when reinstating) DATE	
12.		AND DIRECTORS	13	<u>-</u> _	ni s griature require	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PS			TITLE			Change Addition
NAME	HILLER, SIDNEY P		1.2	NAME			
STREET ADDRESS	1515 NORTH FEDERAL HW	Y; SUITE 300	1.3	STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4	CITY-ST	T - ZIP		
TITLE	٧ī		DELETE 2.1	TITLE			☐ Change ☐ Addition
NAME	SCRIVENS, ROBERT H JR			NAME]
STREET ADDRESS	1515 NORTH FEDERAL HIG	3HWAY; SUITE 300	2.3	STREET.	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432			CITY-S	T-ZIP		
TITLE				TITLE			☐ Change ☐ Addition
NAME	ı		3.2	NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S	T-ZIP		T Character T Add Co.
TITLE		ليا		TITLE			Change Addition
NAME				2 NAME			
STREET ADDRESS					ADDRESS)
CITY-ST-ZIP				CITY-SI	r-ZIP		Change
TITLE		L		TITLE	Į		Change Addition
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	<u> </u>			CITY-SI	I - ZiP		Change Addition
TITLE				TITLE			Cuange [1] Addition [
NAME			6.2	NAME	1		

14. 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 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 of 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 for the anattechment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Apr 06 1998 8:00am

Secretary of State