

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000009559 (5)**

1. Corporation Name

CERTIFIED APPRAISAL SERVICES, INC.



Principal Place of Business

1165 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205
US

Mailing Address

1165 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205
US

2. Principal Place of Business

CERTIFIED APPRAISAL SERVICES, INC.

1165 SOUTH EDGEWOOD AVE. SUITE 4

JACKSONVILLE, FL. 32205

(904) 384-4773 FAX (904) 384-7231

Zip Country Zip Country

24 25 26 27

9. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R
712 S EDGEWOOD AVE
JACKSONVILLE FL 32205

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(5), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALTER, BILL
1165 SOUTH EDGEWOOD AVE., #4
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
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DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN *2

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, checked, or as an attachment with an address.

SIGNATURE: *Bill Walter* Bill Walter, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 904-384-4773

CR2E034 (12/95)