

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**1. Corporation Name**  
**APPRAISERS OF FLORIDA, INC.**



2400 SW 83RD AVE  
MIAMI FL 33155-2457

**3a. Date of Last Report**  
**04/28/1993**

29  
Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

12 NAME	
---------	--

1.3 STREET ADDRESS

4.4 CITY, ST, ZIP

21 TITLE		Change	Addition
----------	--	--------	----------

2.1 TITLE ☐ Change ☐ Position

14. I do 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 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: X RAQUEL NODA *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/8/97

(05) 551-4558  
Daytime Phone #

0210054

CR2E034 (9/96)