Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90225 021 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011049

1. Corporation Name

Principal Place of Business

FIRST CHOICE APPRAISAL SERVICES, INC.

2100 W 76 ST STE #309 HIALEAH FL 33016 US		2100 W 76 ST STE #309 Hialeah Fl 33016 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/04/1993				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied				
21	<u> </u>	26				65-0398376			Applicable	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	3	City & State				6. Election Campaign Financing S5.00 May Be Added to Fees				
Zip 24	Country Zip 25 29 30			/	,	This corporation owes the current year Interpretation Personal Property Tax.	≈ ⁄ □			
9. Name and Address of Current Registered Agent				•		10. Name and Address of New Registered	Agent			
	o, italia and italian or a		81	N	lame					
BROMFIELD, FRANSICO C 2100 W 76 ST			82	82 Street Address (P.O. Box Number is Not Acceptable)				•		
	#309		\vdash							
HIALEAH FL 33016			84	丄	ity		85	Zip Co	de	
					•	FL	.	•		
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 Age	nt sigr	nature required	when reinstating) DATE				
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AF	ID DIRE	CTOR	S IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE				Cha	ange	☐ Addition	
NAME	BROMFIELD, FRANSICO C		1.2 NAME							
STREET ADDRESS	2100 W 76TH STREET, #309		1.3 STREE	T ADD	DRESS					
CITY-ST-ZIP			1.4 C/TY-S	1.4 CITY-ST-ZIP						
TITLE	DV			2.1 TITLE			☐ Cha	ange	☐ Addition	
NAME	ROSE, WAYNE B		2.2 NAME	2.2 NAME					,	
STREET ADDRESS	2100 W 76TH STREET, #309		2.3 STREET ADDRESS		nress					
ļ ļ	HIALEAH FL		2.4 CITY-ST-ZIP						1	
CITY-ST-ZIP				3.1 TITLE			Cha	ange	Addition	
TITLE			32 NAME				_	-	_	
NAME		•								
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP	-	DELETE	3.4. CITY-1	S1-ZI			Cha	ange	Addition	
TITLE -	•	···EI DECEIL	4.1 NILE 4. 2 NAME			••	;···	a-		
NAME										
STREET ADDRESS			4.3 STREE						ļ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u>'</u>		□ Ch:	anne	Addition	
TITLE		☐ DETELE	5.1 TITLE 5.2 NAME					~g∨		
NAME	•		5.2 NAME 5.3 STREE		npeee				,	
STREET ADDRESS									ĺ	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	si-ZIP	·		☐ Chi	ange	Addition	
TITLE		☐ DELET€					L CITA	ar iyo	□ vinggon	
NAME		•	6.2 NAME							
STREET ADDRESS					DRESS					
CITY-ST-ZIP	\	/	6.4 CITY+S	ST-ZIP	,				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 surpliemental 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 officer or director of the corpora Block 12 or Block 13 if changed

SIGNATURE: