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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

P93000014120 (8)

AFFORDABLE APPRAISALS INC. JMV FINANCIACINC N/B 12.22.95



Principal Place of Business Mailing Address											
	GOMERY ROAD, #148 E SPRINGS FL 32714		1052 MONTGOMERY ROAD, #148 ALTAMONTE SPRINGS FL 32714								
							3. Date incorporated or Qualified 02/17/1993	3a. Date of <b>04</b>	Last Re <b>/25/1</b>		
2. Principal Pla	ce of Business	⊢	iling Address				4. FEI Number		$\rightarrow$	Applied For	
21		26					65-0395517 Not Applicable				
Suite, Apt. #	, etc.	27					5. Certificate of Status Desired			Additional Required	
City & State		-	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be	
23		28					Trust Fund Contribution		_	d to Fees	
Zip <b>24</b>	Country 25	29	· —		ountry		8. This corporation has fiability for intangitate tax under s. 199.032, Florida Statutes				
24	9, Name and Address of Current I		30 Stered Agent				10. Name and Address of New Registered Agent				
				8	11	Namo					
VOSILL	A, JOHN			L		G: A.1.	(DO Class N. Johnson a New Assessment	1.5			
1052 MONTGOMERY ROAD, #148					12	Street Add	Street Address (P.O. Box Number is Not Acceptab				
	ONTE SPRINGS FL 32714			Ē	3						
	•				14	<u> </u>			-15	. 0 - 1 -	
				"	14	City		FL	1 <b>5</b> Zış	p Code	
SIGNATURE	of agent, by both, in the Stafe of Fio n, and accept the obligations of, Se agratue to printed ten a direction age	4					ration submits this statement for the purify of directors. Thereby accept the app	ointment as reg	ig hs r istered	agistered office Lagent, Fam	
12.		ND DIRECTO		13.	·	· · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECIC	DRS IN 12	
TITLE	P		DELETE	1 1 IIII	f				hange	nothbbA 🔲	
NAME	Vosilla, John			1.2 NAM	IF						
STREET ADDRESS	1052 MONTGOMERY RD			13 STRE	EFT A	ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			14 00 9	-\$1-	- <u>Z</u> IP					
TITLE	D		DELETE	2 1 TH	F				inange	nc-tibbA 🔲	
NAME	VOSILLA, ISIDORO			2.2 NAM	IE.						
STREET ADDRESS	1211 SE 7TH COURT			2.3 STRE	E! A	ADDRESS					
CITY-S1-ZIP	DEERFIELD BEACH FL			2.4 CITY		- ZIP	····	<u> </u>			
TITLE			☐ DELET€	3 1 Intu					hange	Addition	
NAME				3.2 NAM							
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP TITLE			☐ DELETE	3.4 CITY 4.1 Til.		·ZIP	- ** -*		hange	Addition	
NAME				4 1 III. 4 2 NAM				L'	nende	☐ vaguos:	
STREET ADDRESS						ADDRESS				j	
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NAME				5.2 NAM			-05/22/96010		•		
STREET ADDRESS				L		ADDRESS	***200.00				
CITY-ST-ZIP				5.4 CITY		I					
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NAME				6.2 NAM	16			W,		1	
STREET ADDRESS				6 3 S186	EET A	ADDRESS		こりんご	•		
CITY-ST-ZIP				6.4 CITY	·ST	- ZIP		')			
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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 copporation of the receiver or trustee enipowered 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 bit any attachment with an address

SIGNATURE:

THE AND CYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-482-2660 Destrict Proces