

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # P93000022824 (5)

1. Corporation Name

RELIABLE APPRAISING AND REAL ESTATE SERVICES, INC.

Principal Place of Business 307 TEQUESTA DRIVE #101B TEQUESTA FL 33469 US		Mailing Address 307 TEQUESTA DR. #101B TEQUESTA FL 33469 US		3. Date Incorporated or Qualified 03/22/1993		3a. Date of Last Report 03/20/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0397502		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILSON, CHRISTOPHER 421 4TH COURT PALM BEACH GARDENS FL 33410				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE <i>Christopher Wilson</i> DATE <i>4-18-96</i> <small>Signature of person or printed name of registered agent (if not applicable) (If not Registered Agent, signature required for filing change)</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D WILSON, CHRISTOPHER <input type="checkbox"/> DELETE			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME			
STREET ADDRESS	421 4TH COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410			1.4 CITY - ST - ZIP			
TITLE	D WILSON, LAUREN <input type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS	421 4TH COURT			2.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410			2.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)