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

Mailing Address
307 TEQUESTA DR.

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

307 TEQUESTA DRIVE

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000022824 (5)

RELIABLE APPRAISING AND REAL ESTATE SERVICES, IN C.

TEQUESTA FL	33469	TEOUESTA FL 33469-30	TEOUESTA FL 33469-3072						
us		US				3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1993 04/23/1996			
6 5 5 5 5 5 5 5	17	T Bo Ld Co. A data				<u> </u>	04/23	`	
	lace of Business	2a. Mailing Address				4. FEI Number		 	plied For
21		26				65-0397502		_ 	t Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 <i>A</i> Fee Re	
City & State	6	City & State				& Floring Commiss Financias			
23	-	28				Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t	
Zip	Country	Zip	Cour	trv					
24	25	29	30	ı. y		This corporation has liability for Florida Statutes	intangible tax √Yes ☐ I		199.032,
24	9. Name and Address of Curre		30			10. Name and Address of New Re			
100				81 N	lame		3.0		
	SON, CHRISTOPHER								
	4TH COURT	•		32 S	treet Addre	ss (P.O. Box Number is Not Acceptat	ole)		
PAL	M BEACH GARDENS FL 33410)		B3					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				B4 C	ity	/ / / / / / / / / / / / / / / / / / /	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Ftorida Stat	utes, the ab	ove-na	amed corpo	pration submits this statement for the p		nanging it	s registered
office or r	egistered agent/of both in the Sta	ite of Florida, Such change was	s authorized	by the	e corporation	oration submits this statement for the pon's board of directors. I hereby acce	ot the appoin	itment as	registered
	THE WALL	199221114)					1.6.	ふし	
SIGNATURE	Signature, typed or professional of report radio	Ni denti and to all the subject to the contract of the contrac	OTE. Registered	Agent si	ST ignature require:	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	\$ IN 12
TITLE	D	☐ DELETE	1 1 TIT	Ę			Ĺ	Change	Addition
NAME	WILSON, CHRISTOPHER		1.2 NA	ΛF					
STREET ADDRESS	421 4TH COURT			EET ADO	DRESS				
CITY-SI-ZIP	PALM BEACH GARDENS FL	33410		Y-ST-Zi					
TITLE	D	DELETE	21 TIT		"			Change	Addition
NAME	WILSON, LAUREN		2 2 NAI				_	_	
STREET ADDRESS	421 4TH COURT		1	EET ADD	DECE	*			
	PALM BEACH GARDENS FL	22410							
CITY - ST - ZIP	PALM DEACH GARDENS FL	DELETE	2 4 G 3 1 TIT	Y - ST - Z	SP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE							L	n mange	FT Volume
NAME OXMAN ADDRESS			32 NA						
STREET ADDRESS				EET ADD					
CITY - S1 - ZIP		DELETE		Y-SI-Z	(NF)			Change	Addition
TITLE		L) Detet	4 1 TIF		ļ		L.	⊒ credige	ш жаанап
NAME			4. 2 N.		1				
STREET ADDRESS				EET ADD					
CITY-ST-ZIP		p _k p _k , denote		Y-ST-ZI	IP			7.0	1 1 1 1 1 1 1 1 1
THILE		☐ DELETE	5 1 717				L	_ Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 Si	eet add	DRESS				
C/TY-ST-ZIP				Y - \$1 - 21	IP				
TITLE		☐ DELETE	61] [LE	}			Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADD	DRESS				
I					1				

14. I do hereby certify that the information supplied with this filling 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 corporagon or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name