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

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P93000022824

1. Corporation Name
RELIABLE APPRAISING AND REAL ESTATE, INC.

Principal Place of Business / Mailing Address
307 TEQUESTA DRIVE #101B
TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/22/1993
4. FEI Number: 65-0397502 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business: 21 307 TEQUESTA DR
Suite, Apt #, etc: 22 101B
City & State: 23 TEQUESTA, FL
Zip: 24 33469 Country: 25 Palm Beach

2a. Mailing Address: 26 Same
Suite, Apt #, etc: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CHRISTOPHER WILSON
307 TEQUESTA DR #101B
TEQUESTA, FL 33469

10. Name and Address of New Registered Agent
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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ 6-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See officers pg 2	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	300002583013 -07/08/98--01051--046 ***150.00	☐ Change ☐ Addition

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 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: ______ 6-20-98 561-575-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

743-1276
850-4889000

15875.

WEBB
GMP DOCUMENT EXAMINER

Rec'd w/Feb/98 accruals for c[illegible]
Acct'g

for sale
No add'l chg.

②

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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

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

DO NOT WRITE IN

3. Date Incorporated or Qualified
03/22/1993

4. FEI Number
65-0397502

5. Certificate of Status Desired ☐

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation owns or has paid Personal Property Tax due June 30

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
WILSON, CHRISTOPHER
421 4TH COURT
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City

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 Christopher Wilson Christopher Wilson
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WILSON, CHRISTOPHER	
STREET ADDRESS	421 4TH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	☐ DELETE
NAME	WILSON, LAUREN	
STREET ADDRESS	421 4TH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	[illegible]
2.4 CITY-ST-ZIP	[illegible]
3.1 TITLE	[illegible]
3.2 NAME	[illegible]
3.3 STREET ADDRESS	[illegible]
3.4 CITY-ST-ZIP	[illegible]
4.1 TITLE	[illegible]
4.2 NAME	[illegible]
4.3 STREET ADDRESS	[illegible]
4.4 CITY-ST-ZIP	[illegible]
5.1 TITLE	[illegible]
5.2 NAME	[illegible]
5.3 STREET ADDRESS	[illegible]
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

↑ sticky note where tells to sign.

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 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.

12/8