Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90071 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025367

1. Corporation Name

NILLA-LALIBERTS APPRAISAL & RESEARCH INC.

NILLATA	UDENIS APPRAISAL & RE	SEARUR, INC.			•			
Dringing Place	of Business	Mailing Address				-	i il ed i Etiob titio	4
Principal Place of Business Mailing Address 836 GAYFEATHER LANE P.O. BOX 3128								
VERO BEACH FL 32963 VERO BEACH FL 32964								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/02/1993		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		oplied For
21		26			<u> </u>	65-0398732	~	ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	~ - · · ·	equired
22 City & State		City & State			_	6. Election Campaign Financing		May Be
City & State		28	•			Trust Fund Contribution		to Fees
23 Zip	Country	Zip	Count	ry		8. This corporation owes the current year in	tangible	
24	[25]	29 30	1			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Registered	Agent	
			8	1 Na	me			
LAUBERTS ALEXANDER P			8	2 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
836 GAYFEATHER LANE				ou officer voluces (1 .o. box runnes to restrict the second				
VERO BEACH FL 32963			8	3				
			8	4 Ci	ty	F(85 Zip	Code
		0 - 1 007 4500 FI1- Overvier	45 a a b a		mad corns	pration submits this statement for the purpose of		s registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autritions of Section 607.0505, Florida	onzeo u a Statute	es.	corporation	4/15	intment as re	egistered
	Signature(typed or printed name of registered age		gistered Ag	ent sign:	eture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	DPS OFFICERS AN	ID DIRECTORS	1.1 TITLE	 :		ADDITIONO/OHANGEO TO OFFICE ACTION	☐ Change	Addition
TITLE	LAUBERTS, LAURA N		1.2 NAM		- [_ [
NAME STREET ADDRESS	836 GAYFEATHER LANE		1.3 STREE		2FSS			1
	VERO BEACH FL		1.4 CITY-5					!
CITY-ST-ZIP	DVT	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	LAUBERTS, ALEXANDER P	_						
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		2.3 STRE		RESS			
	TO 01151		2. 4 CITY					1
CITY-ST-ZIP	72.10 22.10,	☐ DELETE 3.1 T					Change	Addition
NAME	320		3.2 NAM	E	ي ،	٠ جـ ٠		
STREET ADDRESS			3.3 STRE	ET ADDI	RESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	.			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAV	SE				
STREET ADDRESS			4.3 STRE	EET ADDI	RESS			{
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRI	EET ADD	RESS			
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	j		6.2 NAM	E	1			ľ

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP