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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

2/10/97 (813)960-9086

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042537 (9)

FLORIDA LITIGATION APPRAISAL, INC.

Principal Place of Business Mailing Address 10333 ASHLEY OAKS DR. 10333 ASHLEY OAKS DR. **RIVERVIEW FL 33569-8834** RIVERVIEW FL 33569 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 06/10/1993 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3189769 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip ☐ Yes ☐ No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TRACZYK, STEVEN M 10333 ASHLEY OAKS DR. 82 Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW FL 33569 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) Change ___ Addition DELETE 11 TITLE TITLE TRACZYK, STEVEN M. 1.2 NAME NAME 10333 ASHLEY OAKS DR. 1.3 STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-SI-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-ZIP

14. I do 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 inclicated 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.