PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071833

1. Corporation Name

ACTION APPRAISAL OF SOUTH FLORIDA INC.

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Principal Place	e of Business	Mailing Address				1 2 0 813 8 81 114 1 1818 8 1511 8 8 1	11 88 111 88 111 88 111 1		
321 SW 194 AV	Æ	321 SW 194 AVE							
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			L 33029			DO NOT V	VRITE IN THIS	CDACE	
us us						3. Date Incorporated or Quali		SPACE	
				•	·_ •	10/15/1993			
2. Principal Pl	lace of Business	2a. Mailing Address	3		_	4. FEI Number			Applied For
21		26				65 - 04654 <u>8</u> 6			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certifcate of Status Desired	d []	·	5 Additional
22		27							Required
City & State	e	City & State				Election Campaign Financi	ing 🗆		0 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the	current year into	_	□No
24	25	29	30			Personal Property Tax.	Dawledamed	Yes	
	9. Name and Address of Currer	nt Registered Agent		B1 Nam		10. Name and Address of Ne	w Kegistereu	Agent	
CUC	CERALDO, ANTHONY	•	1	l Itami	٠.				
	SW 194TH AVE		[1	82 Stree	t Addres	ss (P.O. Box Number is Not Acc	eptable)		
	BROKE PINES FL 33029	•	<u> </u>	83					
FCIVI	BROKE FINES I E 33029		[]	83					
			Ī	84 City		·.	FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the abo	ove-name	d corpor	ation submits this statement for	the nurnose of	changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change	was authorized I	by the cor	poration	's board of directors. I hereby a	ccept the appoi	ntment as	registered
agent. I ai	in familial with, and accept the oblige	illoria di, decilori cor loc	10, 1 1011au Oualai						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered A	gent signatur	e required v	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	(NOTE: Registered A	kgent signatur	e required v	when reinstating) ADDITIONS/CHANGES TO		D DIREC	TORS IN 12
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12. TITLE NAME STREET ADDRESS	OFFICERS AND OFFIC	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN	.E ME EET ADDRES Y-ST-ZIP					ge Addition
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90090 004 ***150.00