

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000078378 (5)

1. Corporation Name

ATLANTIC APPRAISAL SERVICES, INC.



Principal Place of Business

2110 NORTH 41ST AVENUE
HOLLYWOOD FL 33021

Mailing Address

2110 NORTH 41ST AVENUE
HOLLYWOOD FL 33021

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

Zip

30

Country

TILLOTSON, SHAUN A
2110 NORTH 41ST AVENUE
HOLLYWOOD FL 33021

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 607.06(2) and 607.15(2), 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. Said 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 607.06(5), Florida Statutes.

SIGNATURE

(Signature of person responsible for filing this report)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TILLOTSON SHAUN	
STREET ADDRESS	2110 NORTH 41ST AVE	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	☐ Change ☐ Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY-STATE-ZIP	☐ Change ☐ Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 responsible 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 addition with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

954-962-5874

CR2E034 (12/95)