

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

'95 APR 27 PM 1:22

DOCUMENT # P93000088619 (0)

1. Corporation Name

G O APPRAISAL SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

343 ALMERIA AVE  
CORAL GABLES FL 33134

1052 MAIN STREET  
SUITE 8  
BRANFORD CT 06405  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/30/1993</b>                                                                                           | 3a. Date of Last Report<br><b>08/04/1994</b>           |
| 4. FEI Number<br><b>65-0456302</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
343 ALMERIA AVE  
CORAL GABLES FL 33134

|                                                        |           |
|--------------------------------------------------------|-----------|
| 81. Name                                               |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83. City                                               |           |
| 84. State                                              | <b>FL</b> |
| 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

(Signature filed in permanent record of registered agent and the corporation)

(NOTE: Registered Agent signature required when filing this statement)

DATE

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>P</b>                     | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OLCHA, GARY A</b>         | 2. NAME                                               |                                                                   |
| STREET ADDRESS             | <b>343 ALMERIA AVE</b>       | 3. STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | <b>CORAL GABLES FL 33134</b> | 4. CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                              | 21. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 22. NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 23. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                              | 24. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                              | 31. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 32. NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 33. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                              | 34. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                              | 41. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 42. NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 43. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                              | 44. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                              | 51. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 52. NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 53. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                              | 54. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                              | 61. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 62. NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 63. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                              | 64. CITY, ST, ZIP                                     |                                                                   |

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)(b), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY A. OLCHA

4/21/95

Date

904-427-3593

Telephone Number