

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Maffei
Secretary of State
1000 PENNSYLVANIA AVENUE
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY -1 AM 10:41

DOCUMENT # P94000000591 (5)

1. Corporation Name

EMILY WHEELER, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business		Mailing Address	
200 SOUTH BISCAYNE BLVD. SUITE 4000 MIAMI FL 33131-2398		200 SOUTH BISCAYNE BLVD. SUITE 4000 MIAMI FL 33131-2398	
2. Principal Place of Business		2a. Mailing Address	
21	State Apt. # etc.	26	State Apt. # etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date incorporated or qualified		3a. Date of Last Report	
01/01/1994			
4. FEI Number		Applied For	
65-0463721		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes		Yes ☒ No ☐	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHEELER, EMILY 200 SOUTH BISCAYNE BLVD. SUITE 4000 MIAMI FL 33131-2398		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	
		FL B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0607 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: *Emily Wheeler* Date: *4/27/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	D WHEELER, EMILY 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI FL 33131-2398	1 NAME	☐ Change ☐ Addition
STREET ADDRESS		2 NAME	
CITY & STATE		3 NAME	
ZIP		4 NAME	
5 NAME		5 NAME	
6 NAME		6 NAME	
7 NAME		7 NAME	
8 NAME		8 NAME	
9 NAME		9 NAME	
10 NAME		10 NAME	
11 NAME		11 NAME	
12 NAME		12 NAME	
13 NAME		13 NAME	
14 NAME		14 NAME	
15 NAME		15 NAME	
16 NAME		16 NAME	
17 NAME		17 NAME	
18 NAME		18 NAME	
19 NAME		19 NAME	
20 NAME		20 NAME	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that my signature shall have the same legal effect as if made under oath. 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 of this report, or on an attachment with an address.

SIGNATURE: *Emily Wheeler* 4.27.95 805 577 2918
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION
 ANNUAL REPORT
 1995

COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF STATE
 100 STATE STREET
 BOSTON, MASSACHUSETTS 02109
 TEL: 617-725-6000 FAX: 617-725-6001

MORTGAGE APPRAISAL SERVICES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1550 MADRUGA AVE. SUITE 215 CORAL GABLES FL 33146		1550 MADRUGA AVE. SUITE 215 CORAL GABLES FL 33146		DO NOT WRITE IN THIS SPACE 3. Date of Corporation's Existence 01/03/1994		3a. Date of Last Report N/A	
2. Office, if not Principal Residence 21. 1550 Madruga Ave State Apt # 328 City & State Coral Gables, FL Zip 33146 Country USA		2a. Mailing Address 26. 1550 Madruga Ave State Apt # 328 City & State Coral Gables, FL Zip 33146 Country USA		4. FIC Number 65-0457350		Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under S. 199(2)(2) Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent PALMER, PAUL 1550 MADRUGA AVE. SUITE 240 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code			
11. Pursuant to the provisions of Sections 602.25 and 602.26, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in accordance with Section 602.25 of the Statutes. If the corporation has not previously been authorized by the corporation's board of directors to accept the appointment of a registered agent, it is hereby authorized to do so in accordance with Section 602.26, Florida Statutes.							
12. OFFICERS AND DIRECTORS NAME D PALMER, PAUL STREET ADDRESS 1550 MADRUGA AVE., #240 CITY CORAL GABLES FL 33146							
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS NAME Michele M. Morris STREET ADDRESS 1550 Madruga Ave #328 CITY Coral Gables, FL 33146							

SIGNATURE:

Michele M. Morris Michele M. Morris

5/1/95

306-669-3060