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

PROFIT CORPORATION ANNUAL REPORT



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

1996
1330

P94000007812 (8) DOCUMENT #
1. Corporation Name

G. F. LUBECK APPRAISERS, INC.

Principal Place of Business Mailing Address														
	50 N. OCEA Viera Beac	IN DRIVE 34 FL 33404		1250 N. OCEAN D RIVIERA BEACH FI										
									3. Date Incorporated or Qualified 01/24/1994	1	e of Las 5/01/1	t Report 1995		
	Principal Pla	ce of Business		2a. Mailing Address					4. FEI Number			Applied For		
21	Notes And to			26					65-0544427			Not Applicable)	
22	Suite, Apt. #	, etc.		Suite, Apt. #, etc). 				5. Certificate of Status Desired		Fe	75 Additional be Required		
23	City & State		-	City & State					6. Election Campaign Financing			. 00 May Be		
		Country		28 Zip		Country			Trust Fund Contribution			ded to Fees		
24 25			-	29					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Stoo					
		9. Name and Addres	and the second of the second						10. Name and Address of New R	egistered	Agent		-	
						81		Vame						
	LUBECK,	G. F III				82		Street Addre	ess (P.O. Box Number is Not Acceptab	<u> </u>			_	
		ocean drive					L.	300000000000000000000000000000000000000	555 (F) - 5 - 5 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
	RIVIERA I	BEACH FL 33404				83						7/8/20 18/00	Т	
						84	-	Dity	Mark - Ma		85	Zip Code		
	5						Ĺ.,			FL	.	,		
	or registere	o agent, or both, in the S	state of Florida. I	such change was auth	iorized by t	above r ne corp	nan ora	ned corpora tion's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of ch pintment as	anging i Fregiste	ts registered offici red agent. Lam	е	
	familiar with	i, and accept the obligation	ons of, Section (307.0505, Florida Stat	utes.				, , , , , , , , , , , , , , , , , , , ,					
SIG	nature:s	ilgnature, typed or printed name of	ne to be and any or good t	ho ir arv desublo	(NOTE: Place	lound Ann.	Loc	Sandh an ann air	when reinstating)	· · · · · · · · · · · · · · · · · · ·				
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						3. STREET		1						
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STREE	ET ADDRESS				6	3 STREET	ADI	DRESS						
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	certify triat i	the information indicated.	ou this annual r	uport or supplemental:	annual repo	art is tru	ie a	and accurat	or the exemption stated in Section 119, e and that my signature shall have the e report as required by Chapter 607, Fig.	same logal	effect a	s if made under		

SIGNATURE:

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407)845-1300