

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 11 01 AM

DOCUMENT # P94000019473 (5)

1. Corporation Name

CLA APPRAISAL & CONSULTING, INC.

Principal Place of Business

Mailing Address

5030 CHAMPION BLVD.
SUITE 6425
BOCA RATON FL 33496

5030 CHAMPION BLVD.
SUITE 6425
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1994

4. FEI Number

Applied For

Not Applicable

65-0453599

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 information loss under s. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

23 City & State

2c City & State

24 Zip

25 Country

26 Zip

27 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLATT, WILLIAM S
400 N. ANDREWS AVE.
SUITE 100
FORT LAUDERDALE FL 33301

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 607.0502 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST
NAME	BLATT, WILLIAM S
STREET ADDRESS	5030 CHAMPION BLVD.
CITY - ST - ZIP	BOCA RATON FL 33496
TITLE	D
NAME	BLATT, WILLIAM S
STREET ADDRESS	5030 CHAMPION BLVD.
CITY - ST - ZIP	BOCA RATON FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	President	☒ Change	☐ Addition
1.2 NAME	Philip Langerman		
1.3 STREET ADDRESS	5030 Champion Blvd.		
1.4 CITY - ST - ZIP	Boca Raton FL 33496		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 110.07(3)(b), 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, as changed, or on an attachment with an address.

SIGNATURE:

Philip Langerman

Philip Langerman - President

(705) 943-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Daytime Phone #)

CP2E034 (3/95)