FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

- 1129 1997 (SU) 871-0904

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000026107 (0)

APPRAISAL MASTERS INCORPORATED

Principal Place of Business Mailing Address									11110 11016 11191		ig bi fa di
725 SE PORT ST. LUCIE BLVD., STE. 206 PORT ST. LUCIE FL 34984				725 SE PORT ST. LUCIE BLVD., STE. 206 PORT ST. LUCIE FL 34994							
								3. Date Incorporated or Qualified 04/01/1994	3a. Dato 05/01/		eport
2. Principal Place of Business			2a. M	2a. Mailing Address				4. FEI Number	-L		plied For
21				26				65-0481802 Not Applicable			
Sulte, Apt.			27 SI	Suite, Apt. #, etc.				Certificate of Status Desired			
City & State			L C	City & Stato				6. Election Campaign Financing		\$5.00	May Be
3			28	······································				Trust Fund Contribution Added to Fees			
—, Zip	-	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24		25	[29]					Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Age				ent	-
	Bruster, \]	81	Name				
725 SE PORT ST. LUCIE BLVD., STE.			E. 206	206			Street Address (P.O. Box Number is Not Acceptable)				
PORT ST. LUCIE FL 34984											
]	83					
						84	City		FL	85 Zip (Dode
11. Pursuant office or ragent. La	to the provisi registered ago im familiar wit	ons of Sections 607.05 ent, or both, in the Stat h, and accept the obli	02 and 607. e of Florida. gations of, S	1508, Florida Statu Such change was ection 607.0505, F	tes, the ab authorized lorida Stati	i ov∈ I by ites	e-named corporation	oration submits this statement for the pron's board of directors. I hereby accep		langing its	s registered registered
SIGNATURE			-								
	Signature, typed	or printed name of registered a				Age	no signature require	ed when reinstaling)	DATE		
12.	I BB	OFFICERS A	AD DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRE.CTOR	S IN 12
TITLE	PD			☐ OFFETE	1.1 1(1)	Lŧ	1		L.	J Change	L_ Addition
ARMBRUSTER, VIOLET M S.				1.2 NA							
STREET ADDRESS 725 SE PORT ST. LUCIE BLVD (PORT ST. LUCIE FL			J #206	1.3 STREE			ADDRESS				
CITY-ST-ZIP		LUCIE FL			1.4 CIT	Y - S	1 - 7IP				
TITLE	STD			DELETE	2.1 111	F			L	J Change	Addition
NAME		TER, MICHAEL E			2.2 NAI	ME					
STREET ADDRESS		ORT ST. LUCIE BLVI	J. #206		2.3 STR	ELI	ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL						ST - 7IP			.	
TITLE				☐ DELETE	3.1 111	.E				l Change	L_] Addition
NAME					3.2 NAI						
STREET ADDRESS					3.3 STR	Œ	ADDRESS				
CITY-ST-ZIP					3.4, C/I		31 - ZIP			L	
TITLE 1:				TT DETESE	4.1 1110				L.	Change	L Addition
NAME ,					4. 2 NA		ļ				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				Dittie.	4.4 CIT		1- ZIF			10	
TITLE				DELETE	5.1 TIN				L	Change	Addition
NAME					5.2 NAM						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				T rough	5.4[CII]		1-7IP			1 0	
TITLE				□ DELETÉ	6.1 TITE				L.	Change	Add-tion
NAME					62 NAM						
STREET ADDRESS					6.3 S1H	EΕΙ	ADDRESS				i

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.