

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000038442

1. Entity Name

AAA APPRAISAL ASSOCIATES, INC.



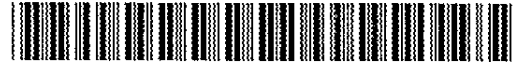
Principal Place of Business

4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328

Mailing Address

4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328

FILED
Apr 08, 2004 08:00 AM
Secretary of State



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3248803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUICK, LARRY L
4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000106963
04/08/04-80038-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME QUICK, LARRY L
STREET ADDRESS 4801 S UNIVERSITY DR SUITE 209
CITY-ST-ZIP DAVIE, FL 33328

TITLE VST
NAME STAGE, SHARON
STREET ADDRESS 4801 S UNIVERSITY DR SUITE 209
CITY-ST-ZIP DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON STAGE VP. ST.

4-03--4 954 4345770