

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/24/95--01093--001
1730.00 *200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000039574 (6)

1. Corporation Name

SILVERTHORN & MOREYRA APPRAISAL SERVICES, INC.

Principal Place of Business

6261 NW 6TH WAY
SUITE 201
FT LAUDERDALE FL 33309

Mailing Address

6261 NW 6TH WAY
SUITE 201
FT LAUDERDALE FL 33309

2. Principal Place of Business

21 401 W. Colonial Dr.

2a. Mailing Address

26 1403 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip Country

24 32804

Zip Country

29 32804

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

4. FEI Number

65-0500186

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

9. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOREYRA, ROBERT
1403 W COLONIAL DR
ORLANDO FL 32804

10. Name and Address of New Registered Agent

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOREYRA, ROBERT
STREET ADDRESS 1403 W COLONIAL DR
CITY - ST - ZIP ORLANDO FL 32804

TITLE D
NAME SILVERTHORN, PATRICIA
STREET ADDRESS 6261 NW 6TH WAY SUITE 201
CITY - ST - ZIP FT LAUDERDALE FL 33309

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

TIS, 6/24/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

OST

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

OP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Moreyra

5/2/95

407-941-3602