FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000039574 (6)

1. Corporation Name

SILVERTHORN & MOREYRA APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
401 W. COLONIAL DR. ORLANDO FL 32804	1403 W. COLONIAL DR. ORLANDO FL 32804

3. Date Incorporated or Qualified: 05/26/1994
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 401 W. COLONIAL DR.	26 401 W. COLONIAL DR.
Suite, Apt. #, etc: 22 SUITE 2	Suite, Apt. #, etc: 27 SUITE 2
City & State: 23 ORLANDO, FL	City & State: 28 ORLANDO, FL
Zip: 24 32804 — Country: 25	Zip: 29 32804 — Country: 30

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: PHILIP F. KEIDAISH, JR., ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): KEIDAISH & GASPERONI
83 505 WEKIVA SPRINGS ROAD, SUITE 800
84 City: LONGWOOD FL 85 Zip Code: 32779

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] Philip F. Keidaish Jr. 4/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	☒ DELETE
NAME	MOREYRA, ROBERT	
STREET ADDRESS	1403 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DP	☐ DELETE
NAME	SILVERTHORN, PATRICIA	
STREET ADDRESS	~~6281 NW 6TH WAY SUITE 201~~	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33309~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	401 W. COLONIAL DR., SUITE 2	
2.4 CITY-ST-ZIP	ORLANDO, FL 32804	
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 119.07(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] Patricia A. Silverthorn 4/16/96 (407) 648-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia A. Silverthorn President

CR2E034 (12/95)