

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000042398 (5)**

1. Corporation Name

SPACE COAST APPRAISAL SERVICE, INC.



Principal Place of Business

**2800 AURORA ROAD
SUITE E
MELBOURNE FL 32935
US**

Mailing Address

**2800 AURORA ROAD
SUITE E
MELBOURNE FL 32934
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., etc.

Suite, Apt., etc.

22

27

SUITE E

SUITE E

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

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 607.0902 and 607.1505, 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 of Registered Agent (Required for all filings)

Signature of Current Agent (Required for all filings)

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**D
HASSEL, ROBERT L
3300 ARABIAN CT
MELBOURNE FL 32934**

2. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

3. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1. TITLE ☐ Change ☐ Addition

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

2. TITLE ☐ Change ☐ Addition

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

3. TITLE ☐ Change ☐ Addition

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

4. TITLE ☐ Change ☐ Addition

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

5. TITLE ☐ Change ☐ Addition

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

6. TITLE ☐ Change ☐ Addition

**6.1 TITLE
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)(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 officer 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

4/29/96

407-254-5450

CR2E034 (12/95)