

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000054275 (0)**

1. Corporation Name

BROWARD APPRAISAL SERVICES, INC.



Principal Place of Business

**11506 NW 19TH DR
CORAL SPRINGS FL 33071**

Mailing Address

**11506 NW 19TH DR
CORAL SPRINGS FL 33071**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ROBERTS, WILLIAM C
11506 NW 19TH DR
CORAL SPRINGS FL 33071**

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 607.0602 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 a resident of the State of Florida, and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

(Signature of Corporation, if a corporation, or of the individual owner, if an individual)

(Signature of Registered Agent, if a corporation, or of the individual, if an individual)

(Date)

12. OFFICERS AND DIRECTORS

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

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

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

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

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

6.1 NAME
6.2 NAME
6.3 STREET ADDRESS
6.4 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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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)(g), 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: *William C. Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215/96 305-340-2003
Date File Number

CR2E034 (12/95)