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

**PROFIT** CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE

, Sanora B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000061193 (6)

SUN APPRAISAL, INC.



Principal Place of Business Mainly Address							
			KIDD LANE BEACH GARDENS FL 33410				
					<ol> <li>Date Incorporated or Qualified 08/15/1994</li> </ol>	3a. Date of Last Report 10/16/1995	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied Fo	
		26			APPLIED FOH 63	0670095 Not Applica	
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certif-cate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oity & State	State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Ζη.) [29]	Country 30			□No	
	9. Name and Address of Cur	rent Registered Agent		·································	10. Name and Address of New F	legistered Agent	
			81	Name			
PETERSON, RICH 11439 KIDD LANE			62	Street Add	ddress (P.O. Box Number is Not Acceptable)		
PALM BEACH GARDENS FL 33410			83			- La Milanta Avilla	
•			84	City		FL 85 Zip Code	
	(0) 0070	100 - 1007 1500 Ftg. do Con	tas tracticus.		ration submits this statement for the pur	1	
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
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AME	PETERSON, RICH		1.2 NAME				
REET ADDRESS	11439 KIDD LANE PALM BEACH GARDENS (	FI 33410		LADDRESS			
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AME		_,	2.2 NAME				
TREET ADDRESS			2 3 STREE	F ADDRESS			
ITY-ST-ZIP			24011	S1 - ZIP			
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AME			3.2 NAME				
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ITY-ST-ZIP ITLE		☐ DELETE	3.4 City - 4.1 Title			Change Add	
AME		<b></b>	4.2 NAME				
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TITLE TAME		∑] becel	6.2 NAME				
STREET ADDRESS				T ADORESS			
			6.4 CITY-				
C(TY - ST - ZIP	and it that the information to use	and with this blooms was intarily f			for the exemption stated in Section 119	07(3)(s) Florida Statutes Lf	

rigo nereby centry that the information suppried with this ting is voluntarily furnished and does not quarry for the exemption stated in Section 119:07(3)(a), Priorida Statutes. Further certify that the information indicated on this annual report or supplied ental 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 13 if changed, or on an attractment with an address.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR