

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 # P94000069492 (4)

1. Corporation Name

ATLANTIC APPRAISAL ASSOCIATES, INC.

Principal Place of Business

1208 S.W. JANETTE AVE.
PORT ST. LUCIE FL 34953

Mailing Address

1208 S.W. JANETTE AVE.
PORT ST. LUCIE FL 34953



3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21 2000 SE Port St. Lucie Bl

26 2000 SE Port St. Lucie Blvd

4. FEI Number
65-0590339

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Port St. Lucie, FL

28 Port St. Lucie, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 34952

25 USA

29 34952

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURECKI, BERNARD
3207 LOOKOUT BLVD.
PORT ST. LUCIE FL 34984

81 Name

Truncone, Nicholas

82

Street Address (P.O. Box Number is Not Acceptable)
1208 SW Janette Ave.

83

84 City

Port St. Lucie

FL

85 Zip Code
34953

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

Nicholas Truncone
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME TRUNCONE, NICHOLAS
STREET ADDRESS 1208 S.W. JANETTE AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 34953

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

TITLE V ☒ DELETE
NAME TRUNCONE, MAUREEN
STREET ADDRESS 1208 S.W. JANETTE AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 34953

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Crahan, Earle J.
3.3 STREET ADDRESS 2000 SE Port St. Lucie Blvd.
3.4 CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Nicholas Truncone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

(407) 375-1405

Daytime Phone #

CR2E034 (12/95)