FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ATLAN	TIC APPRAISAL ASSOCIAT	OU069492 (4) TES, INC. Mailing Address			
•		2000 SE PORT ST. LUCI	E DIVO	ì	
SUITE A	II SI. LUCIE BRYD	SUITE A	E. DLVU	\	
		PORT ST. LUCIE FL 3495	3	DO NOT WRITE IN THIS SPACE	
US		US		 Date Incorporated or Qualified 09/19/1994 	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0590339	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	- 	30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Register	
TR	UNCONE, NICHOLAS		81 Name		
1208 SW JANETTE AVENUE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
PORT ST. LUCIE FL 34984			L Ł	adicas (1.0. Dex riamos is rice / toopiasis)	
			83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607 1508. Florida Statute	s, the above-named co	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent eignature re		TE
TITLE	PSTD	DELETE	1.1 TITLE	ABBITTONO CITALIDES TO CIT IDENS	Change Addition
NAME	TRUNCONE, NICHOLAS		1.2 NAME		-
STREET ADDRESS	1208 S.W. JANETTE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		1.4 CITY-ST-ZIP		
TITLE	- V	DELETE	2.1 TITLE		Change Addition
NAME	CRAHAN, EARLE J		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	[] ne.vee	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-SI-ZIP		Change Addition
NAME			4.2 NAME		_ • •
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T NEUTE	5.4 CITY-ST-ZIP		Channel Til 1220
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STOREY ADDOCSO			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

FILED

Mar 23 1998 8:00am

Secretary of State