SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FILED PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUÂL REPORT SEP 13 AM 9: 34 Secretary of State DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE DOCUMENT # TALLAHASSEE, FLORIDA P94000091756 (4) FLORIDA EXPRESS APPRAISERS, INC. Mailing Address Principal Place of Business 1201 SOUTH OSEAN DRIVE TOWER NORTH, SUITE 509 HOLLYWOODEL 33019 1201 SOUTH OPEAN DRIVE TOWER NORTH, SUITE 509 HOLLYWOOD FT 33019 3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1995 Mailing Address 4. FEI Number 65 054682 Principal Place of Business Applied For COLUMBIA 2290 COLUMBIA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032 Yes No. Florida Statutes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent KORUEL RACZ, KORNEL 1201-90UTH OCEAN DRIVE FOWER NOTION, SUITE 500 83 COLUMBIA s ans of Sections 607 0502 and 607,1508, Florida Statutes, the about the state of Florida. Such change was authorized by orporation submits this statement for the purpose of changing its registered 11. Pursuant to the office or registr or both, in the State of Florida, Such change was authorized by and accept the obligations of, Section 607,0505, Florida Statute ation's board of directors. I hereby accept the appointment as registered agent I am SIGNATURE ed or printed runn is of registered agent and title if applicabile OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE NAME 1.2 NAME RACZ, KORNEL 2090 3011111161A 13 STREET ADDRESS -1201-00UTH COEAN DRIVE, SUITE 309 STREET ADDRESS CITY - ST - ZIP 1 4 CITY - ST - ZIP Change: DELETE \_\_\_\_ Addition 21 TITLE TITLE 1190 COLUHBI A 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADORESS STREET ADDRESS 34 CITY-ST ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change nc-tibbA DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP [ | Change [ | Addition DELETE 61 TIFLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section I do hereby certify that further certify that the in cated on this annual report or supplemental annual report is true and accurate and that my signature shall have the or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 made under oath, that that my name appears

SIGNATURE: