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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061862

1. Corporation Name

CITYWIDE APPRAISAL, INC.

						 				
Principal Place	e of Business	Mailing Address				!	HAN TERRE TERRE TOURS TO	DIN BURK OBINO O		i i i i i i i i i i i i i i i i i i i
1275 NW 159 AVENUE		P. O. BOX 824861								
PEMBROKE PINES FL 33028		SOUTH FLORIDA FL 33082-4861			DO NOT INDITE IN THE CRACE					
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
						07/24/199				
2 Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number			T A	pplied For
21	acco di Basimoss	26				65-06900	71	,		ol Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						M	\$8.75	Additional
22		27			5. Certificate of	Status Desired		Fee R	equired	
City & 5 tate		City & State				npaign Financing			May Be	
23		28			Trust Fund Contribution Added to Fees					
Zip Country		Zip Country			8. This c>rporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No					
24	25 25 25 25 Common	29	30			10. Name and A	<u> </u>	Registered A		20140
	9. Name and Address of Curre	II Kegistered Agent		81	Name	10. Italiie and 2	touress or item	regiotoria	.9	
WALI	LER, MARITZA		ļ							
1275 NW 159 AVE				82	Street Add	dress (P.O. Box Num	ber is Not Accept	able)		
PEMBROKE PINES FL 33028				83						
									201 7:-	
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	0:2 and 607.1508, Florida Stati	ites, the at	oove	-named cor	rporation submits this	statement for the	purpose of	changing its	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was	authorized	by t	he corporat	tion's board of lifecto	ors, I hereby acce	ept the appoin	ument as re	Kusterea
SIGNATURE										
SIGNATURE	Signature, typed or printed nome of registered age		E Registered /	Agent	signature requir	ired when reinstating		DATE		
12.		NO DIRECTORS	13.			ADDITI DNS/C	HANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETÉ	1.1 TiTl						☐ Change	☐ Addition
NAME	WALLER, EDWARD		1.2 NA							
STREET ADDRESS	1275 N.W. 159 AVENUE				ADDRESS					
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14. I here by certify that the information supplied with this filling 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 signa ure 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 change 1, or on an attachment with an objection, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

PED OF PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR