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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080062 (8)

FINK APPRAISAL SERVICES, INC.

FILED Feb 24 1998 8:00am Secretary of State

1 11 41 7 7 1	11111074										
Principal Place	of Busines	ss —	Mailing A	Mailing Address				- I KODINDOLIND NDING OLIMF ODIN ODIN DON	I 1010) IBAK	OBIAL BUILD BIL	
2100 S.E. 17TH SUITE 801	H STREET			2100 S.E. 17TH STREET SUITE 801				DO NOT WOITE IN THIS COACE			
OCALA FL 344	171		OCALA I	OCALA FL 34471				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. Principal Pl	and of Dunie		an Mailie	o Address				09/26/1996 4. FEI Number		I I A	plied For
_	ace of busi	noss	h	26				59-3402268			of Applicable
Suite, Apt. 6	# etc			Suite, Apt. #, etc.						\$8.75	
22	., 0.5.		n	27				5. Certificate of Status Desired		7	equired
City & State)			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28	28				Trust Fund Contribution		Added	to Fees
Zip		Country	Zip		Countr	У		8. This corporation owes or has pa	_		
24		25	29					Personal Property Tax due June			_ No
	9. Name	and Address of Cu	irrent Registered	Agent	81			10. Name and Address of New Re	gistered /	Agent	
	K, ROLANI					'	Name				
		TH STREET					Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	TE 801	474					 				
00	ALA FL 34	4/1								 7:-	Code
					84		City		FL	.	Code
11. Pursuant t office or re agent I ar SIGNATURE	o the provis agistered ag m familiar w	sions of Sections 607 gent, or both, in the S ith, and accept the c	.0502 and 607.150 State of Florida Sui obligations of Secti	8, Florida Statut ch change was a on 607.0505, Fl	tes, the abor authorized b orida Statute	ve- oy 1 es.	named corpo the corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of ot the app	changing l ointment as	ts registered registered
SIGNATURE	Signature, types	d or printed name of register	id agent and title it applic	able (NOT	E Registered A	geni	t signature require	d when reinstating)	DATE		
12.		OFFICERS	AND DIRECTORS		13.		- 1	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D			DELETE 1.1 TI						Change	
NAME		OLAND R	A		1.2 NAME						
STREET ADDRESS					1.3 STREE						
CITY-ST-ZIP				DELETE	1.4 CITY- 2.1 TITLE	_	- ZIP	· · · · · · · · · · · · · · · · · · ·	·	Change	Addition
TITLE	D	AMEG 1		C) becel	2.1 TITLE 2.2 NAME				. ′	Ondingo	
NAME	PINK, JAMES J 2100 S.E. 17TH STREET, SUIT				2.3 STREE		ANN DECC				
STREET ADDRESS	CITY-ST-ZIP OCALA FL 34471				2.4 CITY						
TITLE	OUNDA	16 011//		DELETE	3.1 TITLE	_				Change	Addition
NAME					3.2 NAME	E					
STREET ADDRESS					3.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP					3.4. CITY	- ST	í-ZIP				
TITLE				DELETE	4.1 TITLE					☐ Change	Addition
NAME					4. 2 NAM	Æ					
STREET ADDRESS					4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	.				4.4 CITY		- ZIP			l las	T cash:
TITLE				DELETE	5 1 TITLE					Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					5 3 STAE	ET #	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 or trusted 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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

Change

Addition