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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000033664 (8)

DOCUMENT # FLORIDA APPRAISAL & LITIGATION CONSULTANTS, INC.

## **FILED** May 01 1998 8:00am Secretary of State

:	
Principal Place of Business Mailing Address	I TABULADAN KAN TRUKU ADAN BANKU ADAN BANKU BANKU BANKA BUNKU BANKA BANK
221 FOXCROFT DRIVE EAST 221 FOXCROFT DRIVE EAST	
PALM HARBOR FL 34683 PALM HARBOR FL 34683	DO NOT WOITE IN THE ODAGE
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address	04/15/1997 4. FEI Number Applied For
21 221 Foxeroft Drive East 26 P.O. Box 1806	
Suite, Apt. #, etc. Suite, Apt. #, etc.	40.75
22	5. Certificate of Status Desired Fee Required
City & State	6. Election Campaign Financing \$5.00 May Be
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trust Fund Contribution Added to Fees
Zip 24 34683 25 U.S. 29 34682 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 34683 25 0. S. 29 34682 30 9. Name and Address of Current Registered Agent	
AMERICATION CHARLES TO	
343 ALMEHIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134	83 1 Foxeroft Orive East.
	Palm Harkor FL 85 Zip Code 3
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the	
office or registered agery, or both, in the State of Florida. Such change was authorize	above-named corporation submits this statement for the purpose of changing its registered zed by the corporation's board of directors. I hereby accept the appointment as registered tatules.
SIGNATURE Signature, typed or profired nanot degister of gent and telle if applicable (NOTE Registr	ored Agent signature required when reinstating)  DATE
12. OFFICERS AND DIRECTORS 13	
	TITLE Change Addition
	NAME
	STREET ADDRESS
	CITY-ST-ZIP
TITLE DELETE 2.1	TITLE Change Addition
NAME 2.2	NAME
STREET ADDRESS 2.3	STREET ADDRESS
	4 CITY-ST-ZIP
	TITLE Change Addition
	NAME
	STREET ADDRESS
	CITY-ST-ZIP
	TITLE Change Addition
	P NAME
	STREET ADDRESS
	CITY-ST-ZIP  TITLE Change Addition
l l	TITLE Change Addition
	}
	STREET ADDRESS
	CITY - S1 - ZIP TITLE Change Addition
	NAME
	STREET ADDRESS
J 3 1	CITY-ST-ZIP
	emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or