FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000059889 (0) NIENABER APPRAISAL SERVICES INC. Principal Place of Business Mailing Address 714 WHITE ST. #3 714 WHITE ST. #3 KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1997 2a. Mailing Address 2. Principal Place of Business Applied For 746 NO 164 TERRALE 746 NE 164 TERRACE 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FORT ton LAUDerade Trust Fund Contribution Added to Fees 33304 Country Country 8. This corporation owes or has paid the current year Intangible 33304 USA Personal Property Tax due June 30. Yes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. #211 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 63 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registried agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 11TITLE Niewaber, Jeffrey R NIENABER, JEFFREY R NAME 1.2 NAME 714 WHITE ST. #3 746 Ne 16th Terrace 1.3 STREET ADDRESS STREET ADDRESS 3330H-8967 KEY WEST FL 33040 1.4 CITY-ST-ZIP F1. LAJAHANA FIA CITY-ST-ZIP Change DELETE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SITUP 1 6-0(IY-SI-2P)

I hereby 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 trustee emptywared 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.

GNATURE:

4-78

(30)396-9306

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

☐ Change

Addition