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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9700 AL VALUATION, INC.	00065859 (5	5)				
Principal Place	e of Business	Mailing Address			F LOBILOGY HIG FEATH FORM BOWN BOWN BOWN BOWN BUILD BUILD I BUILD BUILD IN 1980		
19305 N.W. 12TH STREET 19305 N.W. 12TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029							
PEMPHUNE	PINES IL 33029	PEMBROKE PINES FL	. 33029		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/28/1997		
L <del>_</del> ′	ace of Business	2a. Mailing Address			4. FEI Number 65 - 0769160 Applied For Not Applicate		
Sulte, Apt	#. etc.	Suite, Apt. #, etc.			SR 75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City & State		Cily & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible		
24	25 Name and Address of Currer	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	PEARS, THOMAS G	it Hedistelen Adelit	8	1 Name	10. Name and Address of New Hegistered Agent		
	9305 N.W. 12TH STREET			0 0000100	ddiaes (D.O. Oas Nilmber is Niet Assessfahle)		
PEMBROKE PINES FL 33029			*	2 Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City	85 Zip Code		
44 Dyrayani i	o the provisions of Continue (07.0)	12 and COZ 1509 Florida Ptat	too the obe	uo nemad as	FL 100 2.50 Colors of the property of the prop		
office or re agent. I ar SIGNATURE	egistered agent, or bolb, in the State or familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607.0505, F	authorized lorida Statut	by the corpores.	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered		
	Sign <b>ature, ly</b> ped or punted name of registered ago			gent signature rec	equired when reinstating) DATE		
12.	OFFICERS, AN		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SPEARS, THOMAS G		1.2 NAM		C Change Nooth		
STREET ADDRESS	19305 N.W. 12TH STREET			ET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 3302	9	1,4 City	-S1-7IP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition		
NAME	MOYA, GILBERT L	•	2.2 NAM	E			
STREET ADDRESS	318 S.E. 9TH COURT		1	ET ADDRESS			
CITY-ST-ZIP TITLE	HIALEAH FL 33010	DELETE	2. 4 City 3.1 Title	-ST-7IP	☐ Change ☐ Addilio		
NAME			3.2 NAM	1	Change Applied		
STREET ADDRESS				ET ADDRESS	1		
CITY-ST-ZIP			3.4. CITY				
TITLE	<del></del>	DI-LETE	4 1 10 LE		☐ Change ☐ Addition		
NAME			4, 2 NAW	tE .			
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP		The section		-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	l l	Change Addition		
NAME CYPEET ADDRESS			5.2 NAM	l l			
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAM	1			
STREET ADDRESS				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 aimust report or 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 aimust report or supplied with the information indicated on this aimust report or supplied to supplied the control of the corporation of 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 charged. On an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

James 7. Sean

5/1/98

FILED

May 19 1998 8:00am

Secretary of State