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

DOCUMENT # P97000087547 (0)

CORNEAL APPRAISAL SERVICES, INC.

FILED May 12 1998 8:00am Secretary of State

| CONNE | AL APPRAISAL SERVICES | , 1140, | | | | |
|--|---|--|--|--|--|--|
| Principal Place of Business | | Mailing Address | | | | |
| 578 SOMERSE | T DRIVE | 576 SOMERSET DRIVE | | | | |
| AUBURNDALE | | AUBURNDALE FL 33823 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | 10/09/1997 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59 - 3476932 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired See Required Fee Required |
| 22 City 8 City | | City & State | | | | |
| City & State | | 28 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | | , | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | 30 | | Personal Property Tax due June 30. Yes No |
| Name and Address of Current Registered Agent 10. Ne | | | | | | 10. Name and Address of New Registered Agent |
| CORNEAL, CHARLES F | | | | 81 | Name | |
| 576 | SOMERSET DRIVE | | 82 | | Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| AUG | BURNDALE FL 33823 | | | 83 | | |
| , | | | | 83 | | |
| | | | | 84 | City | FL 85 Zip Code |
| 44 Dureuget i | to the provisions of Sections 607.05 | Ω2 and 607 1508. Florida Statu | tes the a | hove | a-named c | ornoration submits this statement for the purpose of changing its registered |
| office or re | egistered agent, or both, in the State | te of Florida, Such change was | authorize | d by | the corpo | oration's board of directors. I hereby accept the appointment as registered |
| - | in rannilar with, and accept the com- | gations or, Section 607,6363, 11 | onda Sia | luios | ·. | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and the if applicable (NO | TE: Registere | d Age | nt signature re | equired when reinstating) DATE |
| 12. | OFFICERS AND DIRECTORS | | 13. | 4 — — — — — — — — — — — — — — — — — — — | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 T | | | ☐ Change ☐ Addition |
| NAME | OOTHERE, OTHEREOT | | 1.2 N | | 4000000 | |
| STREET ADDRESS | *10 0011101101111 | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | AUBURNDALE FL 33823 STD | DELETE | 2.1 T | ITY-S | 1-214 | Change Addition |
| NAME | _ | | 2.2 N | | | _ , _ |
| STREET ADDRESS | 576 SOMERSET DRIVE | | 2.3 STREET ADDRESS | | ADDRESS | |
| CITY-ST-ZIP | AUBURNDALE FL 33823 | | | 2. 4 CITY - ST - ZIP | | $e^{-\epsilon}$ |
| TITLE | | | | ITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREE1 ADDRESS | | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | ST-ZIP | Ohmon Dadat. |
| TITLE | | L_) DELETE | | | - | ☐ Change ☐ Addition |
| NAME | | | 4, 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREE1 ADDRESS 4.4 CITY - ST - ZIP | | | |
| CITY-ST-ZIP TITLE | | | 4.4 G 5.1 T | | 1-2117 | Change Addition |
| NAME | | | 5.2 N | | - | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | | 6.1 1 | | | Change Addition |
| NAME | 6. | | 6.2 N | AME | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | -\$1-ZIP : 1 · 1 | | | 6.4 CITY - ST - ZIP | | |
| 14. I hereby of indicated | certify that the information supplied on this annual report or supplement | with this filing does not qualify ital annual report is true and ac | or the ex curate an | emp | tion stated at my sign: | In Section 119.07(3)(i), Florida Statutes. I further certify that the information alure shall have the same legal effect as if made under oath; that I am an |

14. 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 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 changed, or chan attachment with an address.

ulnela

041.014-1711