FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55258** **(5)**

1. Corporation Name

DEANGELIS APPRAISAL & CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
% NICHOLAS DEANGELIS 2281 LEE ROAD. SUITE 205 WINTER PARK FL 32789	% NICHOLAS DEANGELIS 2281 LEE ROAD. SUITE 205 WINTER PARK FL 32789

3. Date Incorporated or Qualified: **05/28/1991**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-3065562** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1829 Claridge Ct	26 PO Box 909
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Maitland Fl	28 City & State: Winter Park Fl
24 Zip: ~~Maitland~~ 32751	25 Country: Seminole
29 Zip: 32790	30 Country: Orange

9. Name and Address of Current Registered Agent

DEANGELIS, NICHOLAS
2281 LEE ROAD
SUITE 205
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☒ DELETE	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	DEANGELIS, NICHOLAS		1.2 NAME	NICHOLAS DeAngelis
STREET ADDRESS	2281 LEE ROAD.,SUITE 205		1.3 STREET ADDRESS	1829 Claridge Ct
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Maitland Fl 32751
TITLE	VD	☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	DEANGELIS, NICHOLAS		2.2 NAME	DeAngelis, Nicholas
STREET ADDRESS	2281 LEE ROAD.,SUITE 205		2.3 STREET ADDRESS	1829 Claridge Ct
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Maitland Fl 32751
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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.

SIGNATURE: Nicholas DeAngelis 5/3/96 407-831-6567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)