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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Feb 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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Block 12 or Block 13 if changed, or on an attachme

SIGNATURE:

(5)

DEANGELIS APPRAISAL & CONSULTING SERVICES, INC. Principal Place of Business Mailing Address **W NICHOLAS DEANGELIS** % NICHOLAS DEANGELIS 1829 CLARIDGE CT P O BOX 909 DO NOT WRITE IN THIS SPACE MAITLAND FL 32751 WINTER PARK FL 32789 3. Date incorporated or Qualified 05/28/1991 Principal Place of Business 525 Park aw North 2a. Mailing Address Applied For 26 59:3065562 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country ZiD 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ☐ No Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 Name DEANGÈÙIS, NICHOLAS 2281 LEE ROAD 82 SUITE-205 83 WINTER PARK FL 32789 84 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 objection 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 1111.8 NICHOLAS DEANGELIS, NICHOLAS 1.2 NAME NAME 1889 CLANDGE CT-1.3 STREET ADDRESS STREET ADDRESS MATTLAND FL-CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE DEANGELIS, NICHOLAS Funk avew NAME 2.2 NAME 1029 CLARIDGE OT STREET ADDRESS 2.3 STREET ADDRESS MATTUAND FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 THLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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 trusting-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/2/98