Mailing Address

70 PINE ST EM TUCK NY NY 10270

Principal Place of Business

2400 SE FEDERAL HWY SUITE 220 STUART FL 34994

PIERSOL APPRAISAL SERVICE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

90 AFR 30 PHI2: 31

JARTEMANY OF STATE



DO NOT WRITE IN THIS SPACE	

US		US		3. Date incorporated or Qualifed			
				05/22/1992			
2. Principal P	lace of Business	2a. Mailing Address		4. EEI Number	Applied For		
21		26		59-3124032	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Cerbfcate of Status Desired []	Fee Required		
City & Stat	e	City & State		6. Election Campaign Financing	\$5,00 May Be		
23		28		Trust Fund Contribution	'Added to Fees		
Zip	Country	Zip	Country	B. This corporation owes the current year	ntangible		
24	25	[29]	io .	Personal Property Tax	[Yes []No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
****			81 Name	Porporation Service	Communu		
	PA Charact Address of D. C. Day, Marchaga in Not Appropriately						
	SE FEDERAL HWY			,			
	E 220		83 177	of Hays Street			
SIU	ART FL 34994		84 City _	1 Hzugs Sicci	les Zin Chida		
			04 011 <u> </u> T	Tallahassee, F	L " 3330		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named	Corporation submits this statement for the nurouse.	of changing its registered		
office or r agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligate	r Florida. Such change was aut ons of, Se ofton 607.0505, Florid	rionized by the corp la Statutes	ioration's hoard of directors. Thereby accept the app			
SIGNATURE	LOUING P. S	X Low X		4.31	9-99		
SIGNATURE	Signature typed or printed name of registered agent a	and title if applicable (NOTE R	egist-red Age 1 Squature i	DATE OF THE PROPERTY OF THE PR			
12.	OFFICERS AND		13	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD	[]] DELF16	1:306	P	[✔Change [(Addition		
NAME	DOUGLAS, H E		1.2 NAME				
STREET ADDRESS	2400 SE FEDERDAL HWY #220		13 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		14 O(TY-ST-Z#)				
TITLE	VD	[] DELETE	2 1 TITLE	V	Change [Addition		
NAME	BACH, LEONARD J		2.2 NAME				
STREET ADDRESS	2400 SE FEDERAL HWY #220		23 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		2 4 CHTY- \$1 - ZHP				
TITLE	S	[] DELETE	3 1 TITLE		[] Change(Addition		
NAME	TUCK, E M		3.2 NAME				
STREET ADDRESS	70 PINE ST		33 STREET ADORESS				
CITY-ST-ZIP	NYU NY 10270	,	34 CITY-\$1-761				
TITLE	DVST	[V] DELETE	4.1 TITLE	T	[Change [Addition		
NAME	MOORE, K J		4.2 NAME	McFate, Carol Ann			
STREET ADDRESS	2400 SE FED HWY		43 STREET ADDRESS				
CITY-ST-ZIP	STUART FL 34994		44 CHY-S1-ZIP	New York NY			
TITLE	G	C. J DECETE	51 THILE		[Change		
NAME	Lind, Peter Eugene		5.2 NAME				
STREET ADORESS	III John St		53 STREET ADDRESS				
CITY-ST-ZIP	New York NY		54 CITY-ST-ZIP				
TITLE		[] DELETE	6 TITLE		[Change		
NAME			6.2 NAM1	000002858	(1601)		
STREET ADORESS			63 STREET ADDRESS	UUUULUL	/^		
			5 4 O.T. (67 TIO		(1)		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Handa 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, with all other like empowered.

SIGNATURE:

(212) 770 - 7000