

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

0081862

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90071 049 ***150.00

DOCUMENT # V53448

1. Corporation Name

ADVANCED RESIDENTIAL APPRAISAL SERVICES, INC.

Principal Place of Business

444 GOLFVIEW DR
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 1412
WINTER PARK FL 32790-1412
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

59-3137476

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 261 E. Sixth ST.

Suite, Apt. #, etc.

22 City & State

23 Chuluota, FL U.S.

Zip Country

24 32766 25 U.S.

2a. Mailing Address

26 P.O. Box 621334

Suite, Apt. #, etc.

27 City & State

28 Oviedo, FL

Zip Country

29 32762 30 U.S.

9. Name and Address of Current Registered Agent

ROTH, MITCHEL W
16459 NE 6TH AVENUE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Christine BRIGGS

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

83 261 E. Sixth ST.

84 City

Chuluota,

FL

85 Zip Code

32766

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 *Christine Briggs*
Signature, typed or printed name of registered agent and title, if applicable.

Christine BRIGGS
(NOTE: Registered Agent signature required when reinstating)

3-25-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE
NAME TRAGER, SHARON
STREET ADDRESS 1134 SUNSET DRIVE
CITY-ST-ZIP WINTER PARK FL

TITLE D ☒ DELETE
NAME TRAGER, SHARON
STREET ADDRESS 1134 SUNSET DRIVE
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME Christine BRIGGS
1.3 STREET ADDRESS 261 E Sixth ST
1.4 CITY-ST-ZIP Chuluota, FL 32766

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Christine BRIGGS
2.3 STREET ADDRESS 261 E Sixth ST
2.4 CITY-ST-ZIP Chuluota, FL 32766

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 *Christine Briggs* SIGNATURE REQUIRED Christine BRIGGS 3-25-99 (407) 359-6422
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)