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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9300020482

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90091 021 ***150.00

OFFICERYC	APPRAISAL COMPANY						 			
Principal Place	e of Business	Maili	ing Address							
1209 EDGEWATI	ER DR		EDGEWATER DR							
STE 200 SUITE 202			•			DO NOT WR	ITE IN THIS	SPACE		
ORLANDO FL 32804 US ORLANDO FL 32804							3. Date Incorporated or Qualifed		7017102	
US							03/18/1993			
0 Di] O 1	Anilina Addresa				4. FEI Number		Ani	plied For
	ace of Business	\vdash	Mailing Address				59-3173579			t Applicable
21]	# -4-	26	Suite, Apt. #, etc.				39-31/33/8		\$8.75 A	
Suite, Apt. :	#, etc.	⊢	suite, Apr. #, etc.				Certifcate of Status Desired		Fee Re	I .
22		27	City & State				5 5 4 6 4 4 5			
. City & State	·	\vdash	oity of State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 : Added to	
23 Zip	Country	28	Zip	Col	intry		8. This corporation owes the cur	ront waar Int		-
—	25	\vdash	-t p	30	aitu y		Personal Property Tax.	rent year in		□No
24	9. Name and Address of Curren	29	red Agent	30	Т		10. Name and Address of New	Registered	_	
	5. Name and Address of Curren	it ivediate	rea Agent		81	Name	TO. Hallo and The Control of the Con	3		
SHILI	LING, DAVID A									
	EDGEWATER DR., #202				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
STE					83					
	ANDO FL 32804				63					
UIL	NIDO I E 02004				84	City		FL	85 Zip C	Code
	to the provisions of Sections 607.0502	00 1 007	4500 Final- Ot-1	4 45		named sam	eration submits this statement for the		changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida.	. Such change was	authonzed	d by	the corporation	on's board of directors. I hereby acce	pt the appoi	intment as reg	gistered
SIGNATURE										l l
				F. Oneisters			dud- acinatataa)	DATE		
	Signature, typed or printed name of registered agen		**		i Agen	t signature require	d when reinstating)	DATE FICERS AN	ND DIRECTO	RS IN 12
12.	OFFICERS AN		TORS	13.		t signature require	d when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
12.	OFFICERS AN		**	13.	TLE	t signature require				
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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:

CITY-ST-ZIP