

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

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000000350 (6)

1. Corporation Name
B.G. APPRAISING & CONSULTING, INC.



Principal Place of Business
2588 GARDEN COURT
UNIT 338
COOPER CITY FL 33026

Mailing Address
2588 GARDEN COURT
UNIT 338
COOPER CITY FL 33026-9855

3. Date Incorporated or Qualified 01/04/1994	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0465815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
GUBNITSKY, BRUCE A
2588 GARDEN COURT
UNIT 338
COOPER CITY FL 33026

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State (FL) 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ (NEED Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: D 12.2 NAME: GUBNITSKY, BRUCE A 12.3 STREET ADDRESS: 2588 GARDEN COURT UNIT 338 12.4 CITY-STATE-ZIP: COOPER CITY FL 33026	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:
12.5 TITLE: <input type="checkbox"/> DELETE 12.6 NAME: 12.7 STREET ADDRESS: 12.8 CITY-STATE-ZIP:	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY-STATE-ZIP:
12.9 TITLE: <input type="checkbox"/> DELETE 12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY-STATE-ZIP:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY-STATE-ZIP:
12.13 TITLE: <input type="checkbox"/> DELETE 12.14 NAME: 12.15 STREET ADDRESS: 12.16 CITY-STATE-ZIP:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY-STATE-ZIP:

13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:
13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:
13.7 STREET ADDRESS:
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13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY-STATE-ZIP:
13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY-STATE-ZIP:

14. I do 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 included 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: *Bruce Gubnitsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97

Date: _____ Daytime Phone # _____

CR2E034 (9/96)