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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066837 (2)

**FILED** Apr 27 1998 8:00am Secretary of State

P.G.A.	APPRAISIAL, INC.				
Principal Plac	e of Business	Mailing Address		I Jahridat iin jalat altit natii aniii aniii eniii e	is diena mendi intan itti inde inne
2711 S.E. 24TH COURT CAPE CORAL FL 33904  2711 S.E. 24TH COURT CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE	
l				3. Date Incorporated or Qualified	
				08/28/1995	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0626962	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		00	Personal Property Tax due June 30.  10. Name and Address of New Regist	Yes V No
<del></del>	g, Name and Address of Curr	aur maðisraiðn vilgur	61 Name	10. Harrio and Address Of Hew Hegist	eren våenr
ALTHEN, PETER G			110/110		
	11 S.E. 24TH COURT		82 Street Adda	ress (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904			83		
			83		
			84 City		85 Zip Code
<del>_</del>					FL   S   Z   D COCC
SIGNATURE	Signature, typied or printed name of registered a	somit and title it applicable (NOTE	Registered Agent signature requi		ATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D ALTERNA DETERMAN	☐ DELETE	1.1 TITLE		Change Addition
NAME	ALTHEN, PETER G		1.2 NAME		
STREET ADDRESS	2711 S.E. 24TH COURT		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	CAPE CORAL FL 33904	T DELETE	1.4 CITY - ST - ZIP		Change   Addition
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	ALTHEN, NEDRA I		2.2 NAME		
STREET ADDRESS	2711 S.E. 24TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904	Doctor	2.4 CITY-ST-ZIP	<u>.</u>	Characterists
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
		_ occen	4.1 TILE 4.2 NAME		C CHRING C NOURDIN
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
		C Deceie	5.1 MLE 5.2 NAME		C. Crange C. radiiloit
NAME CIRCET ADORGE					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
		OLLLIE			C. Simila C. Maditali
NAME CZDECZ ADODECC			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 of an address