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

PROFIT CORPORATION ANNUAL REPORT 1999



Katherine Harris Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT #	D050000000
DOCUMENT #	P95000066837

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRES S

STREET ADDRESS

CITY-ST-ZIP

1 101/11	APPRAISIAL, INC.									
Principal Place	e of Business	Mailing Address				- II	DONEDO NO IDIDI DIZIN DENI DD	111 00 111 03 110	#1114 #11##1 #1 7#	JUNIA URBA HUBA
2711 S.E. 24TH		2711 S.E. 24TH COURT				}				
CAPE CORAL FL 33904 CAPE CORAL FL 33904										
							DO NOT WRI	TE IN TH S	SPACE	
						1	corporated or Qualifed /1995			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Nu			Ap	pied For
21		26				65-06	26962		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certifos	te of Status Desired		\$8.75 A	
22				•		U. Octaio			Fee Re	quired
City & Siat	te	City & State				6. Electio	ı Campaign Financing		\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28				Trust F	and Contribution		Added t	o Fees
Zip	Coun.ry	Zip	Cou	ntry		1	rporation owes the curr	ent year Int		ra.,
24	25	29	30				al Property Tax.	 _	∐Yes	[]No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name	and Address of New F	Registere 3	Agent	
AI TI	HEN, PETER G			°'	Name					
	1 S.E. 24TH COURT			82	Street Addre	ess (P.O. Box	Number is Not Accepta	able)		
CAPE CORAL FL 33904										
UMP	E CORAL FE 33304			83						
				84	City			F	85 Zip (c de
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	es, the al	oove-	named co po	oration submit	this statement for the	purpose of	changing its	rugistered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	i o' Florida. Such change was i	a uthorized	bv tr	ne corporatio	n's board of c	rectors. I hereby accep	ot the app in	ntment as re	gistered
SIGNATURE										
12.	Signature, typed or printed nai ie of registered age				signature required	4		DATE		
14.	DEELCEDS A		- 	Agent s		when reinstating)	NS/CHANGES TO OF	DATE FICERS / N	ID DIRECTO	
TITLE		NE DIRECTORS	13.				NS/CHANGES TO OF		ID DIRECTO	FS IN 12
TITLE	D		13.	lE			NS/CHANGES TO OF			
NAME	D ALTHEN, PETER G	NE DIRECTORS	13. 1.1 TII 1 2 NA	LE ME	IDDDE GO		NS/CHANGES TO OF			
NAME STREET ADDRESS	D ALTHEN, PETER G 2711 S.E. 24TH COURT	NE DIRECTORS	13. 1.1 TII 12 NA 13 ST	LE ME REET A	ADDRESS		NS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	D ALTHEN, PETER G 2711 S.E. 24TH COURT CAPE CORAL FL 33904	NE DIRECTORS	13. 1.1 TIT 12 NA 13 ST	LE ME REET A			NS/CHANGES TO OF		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ALTHEN, PETER G 2711 S.E. 24TH COURT CAPE CORAL FL 33904 D	NE DIRECTORS	13. 1.1 TII 12 NA 13 ST 14 CI 2.1 TII	LE ME REET A TY-ST-			NS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ALTHEN, PETER G 2711 S.E. 24TH COURT CAPE CORAL FL 33904 D ALTHEN, NEDRA	NE DIRECTORS	13. 1.1 TII 12 NA 13 ST 14 CI 2.1 TII 22 NA	LE ME REET A IY-ST-I LE	ZIP		NS/CHANGES TO OF		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ALTHEN, PETER G 2711 S.E. 24TH COURT CAPE CORAL FL 33904 D ALTHEN, NEDRA I 2711 S.E. 24TH COURT CAPE CORAL FL 33904	DIRECTORS DELETE DELETE	13. 1.1 TIT 12 NA 13 ST 14 CF 2.1 TIT 22 NA 2.3 ST 2.4 CF 3.1 TIT 32 NA 3.3 ST 3.4 CF 4.5 TF 4.2 NA	TY-ST- LE REET A	ZIP ADDRESS -ZIP -ZIP		NS/CHANGES TO OF		☐ Change	Addition Addition
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6.4 CITY-ST-ZIP 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 a lighter like empowered.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition