


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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90025 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000051673**

1. Corporation Name  
**APARTMENT APPRAISAL & ADVISORY SERVICE, INC.**



Principal Place of Business 12108 NORTH 56TH STREET #1 TAMPA FL 33617	Mailing Address 12108 NORTH 56TH STREET #1 TAMPA FL 33617
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6803 BLUFFS BLVD</b>	2a. Mailing Address 26 <b>6803 BLUFFS BLVD</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>TEMPLE TERRACE, FL</b>	City & State 28 <b>TEMPLE TERRACE, FL</b>
Zip 24 <b>33617</b>	Zip 29 <b>33617</b>

3. Date Incorporated or Qualified <b>06/18/1996</b>	Applied For Not Applicable
4. FEI Number <b>59-3420044</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MARTIN, WILLIAM H JR**  
 12108 NORTH 56TH STREET #1  
 TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name <b>William H. MARTIN, JR.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6803 BLUFFS BLVD</b>
83
84 City <b>TEMPLE TERRACE FL</b>
85 Zip Code <b>33617</b>

*NOTE ADDRESS CHANGE <*

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MARTIN, WILLIAM H JR</b>	
STREET ADDRESS <b>12108 NORTH 56TH STREET #1</b>	
CITY-ST-ZIP <b>TAMPA FL 33617</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>William H MARTIN JR</b>	
1.3 STREET ADDRESS <b>6803 BLUFFS BLVD</b>	
1.4 CITY-ST-ZIP <b>TEMPLE TERRACE, FL 33617</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED** 4.7.99 (813) 899-9712  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)