

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F19500 (0)

1. Corporation Name
BAY AREA APPRAISAL SERVICES, INC.



Principal Place of Business: 1311 N. WESTSHORE BL. #203 TAMPA FL 33609 US

Mailing Address: 1311 N. WESTSHORE BL. #203 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1211 N Westshore Bl Suite, Apt #, etc. S# 207 City & State TAMPA, FL Zip 33607 Country Hillsborough

2a. Mailing Address: 26 1211 N Westshore Bl Suite, Apt #, etc. S# 207 City & State TAMPA, FL Zip 33607 Country Hillsborough

3. Date Incorporated or Qualified: 02/12/1981

4. FEI Number: 59-2063660 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: GILBERT, DIANE 1311 N. WESTSHORE BLVD. #203 TAMPA FL 33607

10. Name and Address of New Registered Agent: 81 Name: MOORE, James C. 82 Street Address (P.O. Box Number is Not Acceptable): 1211 N. Westshore Blvd 83 Suite: S# 207 84 City: TAMPA FL 85 Zip Code: 33607

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: *James C. Moore* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, DIANE	
STREET ADDRESS	1311 N. WESTSHORE BLVD. #203	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, JAMES C.	
STREET ADDRESS	1311 N. WESTSHORE BLVD. #203	
CITY-ST-ZIP	TAMPA FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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.

SIGNATURE: *James C. Moore* DATE: 4/17/98

CR2E034 (10/97)