

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

FILED

**Feb 04 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 # F53583 (3)
 1. Corporation Name
FIDELITY REALTY & APPRAISAL SERVICE, INC.



Principal Place of Business 210 S OLIVE AVE WEST PALM BEACH FL 33401	Mailing Address 210 S OLIVE AVE WEST PALM BEACH FL 33401-5618
--	---

3. Date Incorporated or Qualified 11/13/1981	3a. Date of Last Report 04/29/1996
--	--

21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	22. Mailing Address Suite, Apt #, etc. City & State Zip Country
--	--

4. FEI Number 59-2139266	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent
MCDONALD, J. ROBERT
210 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONALD, J ROBERT		1.2 NAME	
STREET ADDRESS 210 S OLIVE AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP W PALM BEACH FL		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELHILOW, VINCE A		2.2 NAME	
STREET ADDRESS 230 ELLAMAR ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP WEST PALM BEACH FL		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEHON, FREDERICK		3.2 NAME	CHRISTOPHER H. COOK
STREET ADDRESS 3800 WASHINGTON ROAD		3.3 STREET ADDRESS	6839 HAMMOCK LANE
CITY - ST - ZIP WEST PALM BEACH FL		3.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33411
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEAROUSE, JOS B		4.2 NAME	
STREET ADDRESS 6808 PAMELA LANE		4.3 STREET ADDRESS	
CITY - ST - ZIP WEST PALM BEACH FL		4.4 CITY - ST - ZIP	
TITLE VST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOREHEAD, JAMES M.		5.2 NAME	
STREET ADDRESS 124 COSTELLO ROAD		5.3 STREET ADDRESS	
CITY - ST - ZIP WEST PALM BEACH FL		5.4 CITY - ST - ZIP	
TITLE AV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKMAN, MARIE S.		6.2 NAME	
STREET ADDRESS 1167 CHERLYNN TERRACE		6.3 STREET ADDRESS	
CITY - ST - ZIP W. PALM BEACH FL		6.4 CITY - ST - ZIP	

CR2E034 (9/96)

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 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: _____ DATE: **1/27/97** DAYTIME PHONE #: **561.659.9921**