

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 11 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 # F95000003446 (0)
 1. Corporation Name
 NATIONWIDE APPRAISAL SERVICES CORPORATION



Principal Place of Business: PO BOX 13650, PITTSBURG PA 15243
 Mailing Address: PO BOX 13650, PITTSBURG PA 15243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified: 07/18/1995
 4. FEI Number: 25-1724847 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
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FARROW, RICKY
 330 BLUEFISH #119
 FT WALTON BEACH FL 32548

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

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	DELETE
NAME	OLIVER, I. HALE	
STREET ADDRESS	604 HARROGATE ROAD	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE	V	DELETE
NAME	MCCONVILLE, CHARLES J	
STREET ADDRESS	9239 HIGHLAND RD.	
CITY-ST-ZIP	PITTSBURGH PA 15237	
TITLE	ST	DELETE
NAME	OLIVER, JUDY	
STREET ADDRESS	604 HARROGATE ROAD	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS	312 Doubletree Drive	
2.4 CITY-ST-ZIP	Venetia, PA 15367	
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 addendum.

SIGNATURE:

[Handwritten Signature]

7/27/98

CR2E034 (5/98)