SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000001070 (9)

PREMIER APPRAISALS, INC.

Principal Place of Bus iness	Mailing Address			
12 PERIMETER CTR EAST STE. 1220 ATLANTA GA 30346 US	12 PERIMETER CTR EAST STE. 1220 Atlanta ga 30346 US			
2. Principal Place of Business	2a. Mailing Address			

FILED Oct 15 1998 8:00am Secretary of State



Principal Plac	e of Bus iness	Mailing Address				
12 PERIMETER	CTR EAST	12 PERIMETER CTR EAST			1	
STE. 1220	0040	STE. 1220			20 107 117	TE 11 T. 110 BB 1 OF
ATLANTA GA 3 US	U346	ATLANTA GA 30346 US				ITE IN THIS SPACE
		00			3. Date Incorporated or Qualified 03/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		58-1878527	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or has p	
24		29	30		Personal Property Tax due Ju	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	Registered Agent
	rgin, david w		16	Name C	orporation System	m l
	MILL CREEK RD		 	82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
	E 300				South Pine Islan	d Road
JACH	(SONVILLE FL 32211		[8	3		
			<u> </u>	4 City	<u> </u>	85 Zip Code
				" Plant	ation	FL 85 Zip Code 33324
11. Pursuant	to the provisions of sections 607.0	502 and 607.1508, Florida Statute	es, the abov	re-named corbo	ration submits this statement for the ni	urpose of changing its registered
office or	registered agent, or both, in the St am familiar with, and accept the of	ate of Florida, Guch change was:	authorized l	by the corporati	on's board of directors. I hereby accep	pt the appointment as registered
SIGNATURE	Atte H. Mrs	A I I I I I I I I I I I I I I I I I I I			Octal.	1214 1998
SIGNATURE	Signature, typed or printed name of registered.	agent and tille if applicable. (N	orea Rupisidio	Agein signature i eq	chied when reinstating)	u 13th, 1998
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	EICEDS AND DIDECTORS IN 42
TITLE	V-	DELETE	1.1 TITLE	U1	CE PRESIDENT ILLIAN BRADLEY BR 2 perineter Center	Change Addition
NAME	POWELL, JONATHAN R		1.2 NAM	E W	ILLIAM BRADLEY, BR	1/Am
STREET ADDRESS	12-PERIMETER CENTER EAS	ST, STE. 1220	1.3 STRE	ET ADDRESS 17	2 perimeter Center	EAST, SUILL 1000
CITY-ST-ZIP	ATLANTA GA		1.4 CITY	ST-ZIP	LTLANTA UA 3	UB46
TITLE	PO	DELETE	2.1 TITLE			Change Addition
NAME	MATTOX, MICHAEL W		2 2 NAMI	F		_ , _
STREET ADDRESS	12 PERIMETER CENTER EAS	ST, STE. 1220	23STRE	ET ADDRESS		<u> </u>
CITY-ST-ZIP	A T LANTA GA		2.4 CITY-	ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	~		Change Addition
NAME	COBB, DOUGLAS F	had oake it	3 2 NAMI	ε		EL Strange EL Modition
STREET ADDRESS	400 W. MARKET ST, SUITE	1610		ET ADDRESS		Í
CITY-ST-ZIP	LQUISVILLE KY 40202		3.4 CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME		() V_LCL E	4.2 NAME	· · · · · · · · · · · · · · · · · · ·		C Outlings C Modition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE			Change Assert
NAME		[_] DELETE	5.2 NAME	1		Change Addition
STREET ADDRESS				ET ADDRESS		İ
			1			ļ
CITY-ST-ZIP		П _{ав}	5.4 CITY-			
-		DELETE				Change Addition
NAME			6.2 NAME	1		J
STREET ADDRESS			,	ET ADDRESS		
CITY-ST-ZIP	ortile that the information examined u	ith this files does not evalify for t	6.4 CITY-		tion 110 07/37(i) Florido Statuton I fun	thes and the that the information

indicated on this annual report or supplied with this ming goes not quality for the exemption stated in section 118.07(3)(f), 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:

770 801 9800