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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # H39634 (1) 1. Corporation Name LENNON APPRAISER'S & CONSULTANTS, INC.



Principal Place of Business: 7711 GRAND BLVD PORT RICHEY FL 34668 Mailing Address: 7711 GRAND BLVD PORT RICHEY FL 34668-6558

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 30

9. Name and Address of Current Registered Agent

LENNON, GORDON F. 7705 GRAND BLVD. PORT RICHEY FL 33568

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

3. Date Incorporated or Qualified: 01/25/1985 3a. Date of Last Report: 07/03/1996 4. FEI Number: 59-2726819 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 liable for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.04(1) and 607.14(1)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent of 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 607.04(1)(b), Florida Statutes.

SIGNATURE: [Signature] Date: [Date]

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS: 1. TITLE: PD [] Delete 2. NAME: LENNON, GORDON F. 3. STREET ADDRESS: 7705 GRAND BLVD. 4. CITY-STATE-ZIP: PORT RICHEY FL [] Delete 2. TITLE: [] Delete 3. NAME: [] Delete 4. STREET ADDRESS: [] Delete 5. CITY-STATE-ZIP: [] Delete 3. TITLE: [] Delete 4. NAME: [] Delete 5. STREET ADDRESS: [] Delete 6. CITY-STATE-ZIP: [] Delete 4. TITLE: [] Delete 5. NAME: [] Delete 6. STREET ADDRESS: [] Delete 7. CITY-STATE-ZIP: [] Delete 5. TITLE: [] Delete 6. NAME: [] Delete 7. STREET ADDRESS: [] Delete 8. CITY-STATE-ZIP: [] Delete 6. TITLE: [] Delete 7. NAME: [] Delete 8. STREET ADDRESS: [] Delete 9. CITY-STATE-ZIP: [] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1. TITLE: [] Change [] Addition 2. NAME: [] Change [] Addition 3. STREET ADDRESS: [] Change [] Addition 4. CITY-STATE-ZIP: [] Change [] Addition 5. TITLE: [] Change [] Addition 6. NAME: [] Change [] Addition 7. STREET ADDRESS: [] Change [] Addition 8. CITY-STATE-ZIP: [] Change [] Addition 9. TITLE: [] Change [] Addition 10. NAME: [] Change [] Addition 11. STREET ADDRESS: [] Change [] Addition 12. CITY-STATE-ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing complies with the requirements stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or application for 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 registered broker/employee and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with the address.

SIGNATURE: [Signature] Date: 4-28-97 812-849-8246

CR2E034 (9-96)