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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

appears in Block 12 or Block 13 if

SIGNATURE:

DOCUMENT # K01322 GILLOTT-MONARCH APPRAISAL GROUP, INCORPORATED, R EALTORS. Principal Place of Business Mailing Address 27 EAST ORANGE STREET 27 EAST ORANGE STREET TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34889-3439 3a. Date of Last Report 3. Date Incorporated or Qualified 11/06/1987 12/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2857439 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Ώ Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032 ☐ Yes ☐ No 29 30 Florida Statutes 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MONARCH, CHERIE R 945 COBBLESTONE LANE 82 Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 83 City 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, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE THE MONARCH, CHERIE R 1.2 NAME NAME 945 COBBLESTONE LANE 1.3 STREET ADDRESS STHEET ADDRESS **TARPON SPRINGS FL 34689** 1.4 CITY - ST - ZIP CITY - ST - Z# DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST ZIF DELETE Change Addition TITLE 31 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CUTY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZIP DELETE Change 6 1 TITLE TILLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - 2IP 14. I do hereby certify that the information supplied with this filling does not qual information indicated on this argued report or supplemental annual report is I am an officer or director of the corporation or the receiver of the state of the corporation. ty for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the rue and accurate and that my signature shall have the same legal effect as if made under oath; that vered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Apr 17 1997 8:00am Secretary of State

Daytime Phone * 0009071