

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K05372** (3)
1. Corporation Name
APPRAISAL SERVICES OF W.P.B., INC.

Principal Place of Business 784 U.S. HIGHWAY #1 SUITE 18 NORTH PALM BEACH FL 33408	Mailing Address 784 U.S. HIGHWAY #1 SUITE 18 NORTH PALM BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1987	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0016521	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**COLLINS, HENRY J
784 U.S. HIGHWAY #1
SUITE 18
NORTH PALM BEACH FL 33408**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKANICK, SANDY	12. NAME	
STREET ADDRESS	9450 S MILITARY TR	13. STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, HENRY J	22. NAME	PRESIDENT
STREET ADDRESS	784 U.S. HIGHWAY #1, SUITE 18	23. STREET ADDRESS	COLLINS, HENRY J.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	24. CITY-ST-ZIP	784 U.S. HIGHWAY #1, SUITE 18
TITLE	T	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CATHERINE M	32. NAME	
STREET ADDRESS	1838 SOUTH CLUB DRIVE	33. STREET ADDRESS	NORTH PALM BEACH, FL 33408
CITY-ST-ZIP	WELLINGTON FL 33414	34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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 address.

SIGNATURE:



3/5/98

561-624-4482

CR2E034 (10/97)