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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M41590

1. Corporation Name

SUNBELT REAL ESTATE APPRAISERS, INC.

| Principal Place of Business | |
|--|----|
| C/O RONALD BIANCO 7133 AUGUSTA BLVD. SEMINOLE FL 34647 | ٠. |
| | |

Mailing Address C/O RONALD BIANCO

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90068 041 ***150.00



| 7133 AUGUSTA BLVD. 7133 AUGUSTA BLVD. SEMINOLE FL 34647 SEMINOLE FL 34647 | | DO NOT WRITE IN THIS SPACE | | | |
|---|--|---|---|---------------------------------------|--|
| | | | 3. Date Incorporated or Qualifed 11/13/1986 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 8994 Seminole 81 | UD 26 8994 Semin | ole Bluc | 59-2739459 | Not Applicable | |
| Suite, Apt. #, etc. 22 Suite #3 | Suite, Apt. #, etc. | > | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State 23 Seminole FL | City & State 28 Seminole | FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 24 33772 25 Pinel | Zip _ Co | Pinellas | This corporation owes the current year I Personal Property Tax. | ☐Yes ☐No | |
| 9. Name and Address of C | Current Registered Agent | <u> </u> | 10. Name and Address of New Registere | d Agent | |
| BIANCO, RONALD | | 81 Name | _ | | |
| 7133 AUGUSTA BLVD. | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| SEMINOLE FL 34642 | | 83 | | | |
| | | 84 City | F | 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 60 | 7.0502 and 607.1508, Florida Statutes, the a | bove-named corpor | ation 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 | | | | | | | | | |
|----------------|------------------------|------------------------------|--|------------|--|--|--|--|--|
| | | egistered Agent signature re | | | | | | | |
| 12 | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | | | | |
| <i>πι</i> ε | P DELETE | 1.1 TITLE | ☐ Change | ☐ Addition | | | | | |
| NAME | BIANCO, NINA | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 7133 AUGUSTA BLVD. | 1.3 STREET ADDRESS | | į | | | | | |
| CiTY-ST-ZIP | SEMINOLE FL | 1.4 CITY-ST-ZIP | · | | | | | | |
| TITLE | DELETE | 2.1 TITLE | ☐ Change | ☐ Addition | | | | | |
| NAME | | 2.2 NAME | | 1 | | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change | ☐ Addition | | | | | |
| NAME | | 3.2 NAME | | ĺ | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | j | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | | | |
| πιτΕ | ☐ DELETE | 4.1 TITLE | ☐ Change | ☐ Addition | | | | | |
| NAME | | 4.2 NAME | | | | | | | |
| STREET ADDRESS | 1 | 4.3 STREET ADDRESS | | ł | | | | | |
| CITY-ST-ZIP | | 4.4 CITY+ST-ZIP | | | | | | | |
| TITLE | DELETE | 5.1 TITLE | ☐ Change | ☐ Addition | | | | | |
| NAME | | 52 NAME | | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | | |
| TITLE | DELETE | 6.1 TITLE | ☐ Change | Addition | | | | | |
| NAME | | 6.2 NAME | | ļ | | | | | |
| STREET ADDRESS | • | 6.3 STREET ADDRESS | | İ | | | | | |
| CITY-ST-ZIP | | 6.4 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, with all other like empowered.

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