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

PROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY -1 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M45189

1. Corporation Name
APPRAISALFIRST, INC.

Principal Place of Business	Mailing Address
C/O EARLE A. GIDDENS 8390 N.W. 53RD ST..STR.201 MIAMI FL 33166	C/O EARLE A. GIDDENS 8390 N.W. 53RD ST..STR.201 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1987

4. FEI Number: 59-2769553 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

7. Principal Place of Business	7a. Mailing Address
21 8525 NW 53RD TERR	26 8525 NW 53RD TERR
22 Suite, Apt. #, etc. 110	27 Suite, Apt. #, etc. 110
23 City & State MIAMI FL	28 City & State MIAM FL
24 Zip 33166 25 Country USA	29 Zip 33166 30 Country USA

9. Name and Address of Current Registered Agent

GAMBLE, RICHARD D
8390 NW 53RD ST STE 201
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: GAMBLE, RICHARD D.
82 Street Address (P.O. Box Number is Not Acceptable): 8525 NW 53RD TERR SUITE 110
83 SUITE 110
84 City: MIAMI FL 85 Zip Code: 33166

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: R D Gamble 4/28/00
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	PM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GAMBLE, RICHARD D.		1.2 NAME		
STREET ADDRESS	222 S WESTMONTE DR, STE 116		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VSTM	☐ DELETE	2.1 TITLE	VSTM	☒ Change ☐ Addition
NAME	MAYHEW, PAUL		2.2 NAME	MAYHEW, PAUL	
STREET ADDRESS	8390 NW 53RD STREET, STE 201		2.3 STREET ADDRESS	8625 NW 53RD TER SUITE 110	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	M	☐ DELETE	3.1 TITLE	VM	☒ Change ☐ Addition
NAME	HALL, CAROL		3.2 NAME	HALL, CAROL S.	
STREET ADDRESS	8390 NW 53RD ST.,#201		3.3 STREET ADDRESS	8625 NW 53RD TER SUITE 110	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ DELETE	4.1 TITLE	VM	☐ Change ☒ Addition
NAME			4.2 NAME	SARALYN H. GAMBLE	
STREET ADDRESS			4.3 STREET ADDRESS	222 S. WESTMONTE DR SUITE 116	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		☐ DELETE	5.1 TITLE	M	☐ Change ☒ Addition
NAME			5.2 NAME	GIDDENS, EARLE A	
STREET ADDRESS			5.3 STREET ADDRESS	8525 NW 53RD TER SUITE 110	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4000032488 44---3
-05/11/00--01088--011
****150.00 ****150.00

KE

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.

SIGNATURE: RICHARD D GAMBLE R D Gamble 4/28/00 407-682-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #