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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M77661 (0)

1. Corporation Name:
BRUGGER'S ESTATE APPRAISAL & LIQUIDATION SERVICE
S, INC.



Principal Place of Business 405 GOODLETTE RD. NAPLES FL 33940 US	Mailing Address P O BOX 9331 NAPLES FL 34101-9331 US
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3. Date Incorporated or Qualified 04/22/1988	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 953 4th Ave. N. Suite, Apt. #, etc. 22 City & State 23 NAPLES FLA Zip Country 24 34101 25 Collier	2a. Mailing Address 26 P.O. Box 9331 Suite, Apt. #, etc. 27 NAPLES. City & State 28 FLA. Zip Country 29 34101 30 Collier
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4. FEI Number 59-2891965	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BURGGER, JOHN N.
600 FIFTH AVE. S., SUITE 210
NAPLES FL 33940

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	BRUGGER, SANDRA S.	1.2 NAME	BRUGGER, SANDRA S.
STREET ADDRESS	2096 ALAMANDER DR.	1.3 STREET ADDRESS	1377 LAKESHORE DR.
CITY- ST- ZIP	NAPLES FL	1.4 CITY- ST- ZIP	NAPLES, FLA
TITLE	VD	2.1 TITLE	VD
NAME	BRUGGER, SANDRA S.	2.2 NAME	BRUGGER, SANDRA S.
STREET ADDRESS	2096 ALAMANDER DR.	2.3 STREET ADDRESS	1377 LAKESHORE DR.
CITY- ST- ZIP	NAPLES FL	2.4 CITY- ST- ZIP	NAPLES, FLA.
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 Sandra S. Brugger SANDRA S. BRUGGER 3/24/97 941-643-3595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)