


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90102 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50852					
1. Corporation Name WEST CENTRAL FLORIDA CHAPTER OF THE INSTITUTE OF BUSINESS APPRAISERS, INC.					
Principal Place of Business 100-2ND AVE.. S. #606 ST. PETERSBURG FL 33701 US			Mailing Address 100-2ND AVE.. S. #606 ST. PETERSBURG FL 33701 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1992	
21	Suite, Apt. #, etc. #600	26	Suite, Apt. #, etc. #600	4. FEI Number 59-3196234	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LONG, SUSAN W. 8910 N. DALE MABRY SUITE 15 TAMPA FL 33614				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALVERSON, DAVID A			1.2 NAME	100 2nd Avenue, South, Ste. 600		
STREET ADDRESS	100 2ND AVE S 606			1.3 STREET ADDRESS	St. Petersburg, FL 33771-4336		
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURG, TODD			2.2 NAME	100 2nd Avenue, South, Ste. 600		
STREET ADDRESS	100-2ND AVE. S. #606			2.3 STREET ADDRESS	St. Petersburg, FL 33701-4336		
CITY-ST-ZIP	ST. PETERSBURG FL 33710			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, KATHY			3.2 NAME	1401 Court Street		
STREET ADDRESS	33 N. GARDEN AVE., #800			3.3 STREET ADDRESS	Clearwater FL 33756		
CITY-ST-ZIP	CLEARWATER FL 34615			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCNULTY, JAMES A			4.2 NAME			
STREET ADDRESS	400 ASHLEYDR. # 2675			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 617, 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: [Signature] SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-6-99

Date

(727) 821-6161

Daytime Phone #

CR2E037 (11/98)