FILED Feb 11, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT	
DOCUMENT # P02000127406	

1. Entity Name  MAJOR APPRAISALS INC.			<b>V</b>			02-11-2003 90063	016 ***150.00
	DO NOT WRITE	IN THIS	SPAC	E			
Principal Place of Business							
2638 WEST 28TH STREET 2638 WEST 28T Suite, Apt. #, etc. Suite. Apt. #, etc.		TH STREET					
odito, rip	", 0.0.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SP	ACE
City & State RIVIERA BEACH FL		City & State	City & State RIVIERA BEACH FL		4. F	El Number 27-0044194	Applied For
Zip	Country	Zip		Country			Not Applicable 8.75 Additional
33404	USA	33404	USA	USĄ		Fig. 1	ee Required
				Name 00	7. Nar	ne and Address of Current Registered A	Agent
ره به دیک نیسبنتالی	DO NOT W	RITE	نيه معنس بد	Name COOK, MELVIN Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP			Gireer Addre	35 (F.O. DC	ox Number is Not Acceptable)	
	HIN THIS OF	ACE		3700 MA	X PLAC	CE APT. 101	
					NTON E		Zip Code 33436
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing	j its registere	ed office or regi	stered age	nt, or both, in the State of Florida. I am fan	niliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent as						
Ja	muary 1 - May 1 Fee is \$150.00	nd taxe ii appacable. (i	NOTE: Negistere	d Agent signature req	used when rein		
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of S				7	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. TITLE	OFFICERS AND D	DIRECTORS					
NAME	PCEO		TITLE				12/02
STREET ADORESS CITY-ST-ZIP	MAJOR, MAURICE 2638 W 28 ST RIVIERA BE			STREET ADDRESS CITY-ST-ZIP			CDSEGRAPH (1
TITLE NAME	D		TITLE	1			305
STREET ADORESS	ET ADDRESS MAJOR, MAURICE		NAME STREE	ET ADDRESS	1		٥
CITY-ST-ZIP	2638 W 28 ST RIVIERA BE	ACH FL 33404	CITY-	ST-ZIP			
title Name			TITLE NAME	1		•	
STREET ADORESS				ET ADDRESS		- DO NOTANDIT	
CITY-ST-ZIP			CITY-	ST-ZIP	- त्य	DO NOT WRIT	E
TITLE Name			TITLE	i i		IN THIS SPAC	E
STREET ADORESS				T ADDRESS			_
CITY-ST-ZIP			CITY-	ST-ZIP			
TITLE Name	•		TITLE				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			CITY-	ST-ZIP			
TITLE Name	:		TITLE				
STREET ADDRESS	*_		NAME STREE	T ADDRESS			ĺ
CITY-ST-ZIP			CITY-	ST-ZIP			
12. 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 report or supplemental report is true and accurate and stat 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 10 or on an attachment with an address, with all other like empowered.							
SIGNATURE: MAURICE MAJOR 2/7/2003 561-882-0989							
						Date Darytin	ne Phone #