FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007984 (7)

1. Corporate Name
APPRAISAL ONE, INC.

Principal Place of Business
441 HILLSDALE CT
LAKE MARY FL 32746

Mailing Address
441 HILLSDALE CT
LAKE MARY FL 32746

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 408 STILL FOREST TERRACE
22 Suite Apt. #
23 SANFORD, FL 32771
24 32771 25 USA

2a. Mailing Address
26 408 STILL FOREST TERRACE
27 Suite Apt. #
28 SANFORD, FL 32771
29 32771 30 USA

4. FEI Number: 59-3153176 — 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. Does corporation meet requirements to be classified as a small business under Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ENDELICATO, DEBBIE JO
441 HILLSDALE CT
LAKE MARY FL 32746

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
408 STILL FOREST TERRACE
83
84 City: SANFORD FL 85 Zip Code: 32771

11. [illegible]
SIGNATURE: [signature] for Endelicato 5/1/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ENDELICATO, ANTONIO S
STREET ADDRESS	441 HILLSDALE CT
CITY, ST, ZIP	LAKE MARY FL 32746
TITLE	D
NAME	ENDELICATO, DEBBIE JO
STREET ADDRESS	441 HILLSDALE CT
CITY, ST, ZIP	LAKE MARY FL 32746

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS	408 STILL FOREST TERRACE	
CITY, ST, ZIP	SANFORD, FL 32771	
TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS	408 STILL FOREST TERRACE	
CITY, ST, ZIP	SANFORD, FL 32771	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing, if voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information to be placed on the annual report or supplemental annual report is true and correct 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 on Block 12 or Block 13 or is changed or added by attachment with an address.

SIGNATURE: [signature] for Endelicato 5/1/95 407/323-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0040130 CP