03-04-1999 90044 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

NICK CF	MENT # P93000 n Name NOSS APPRAISAL, INC.	0016537				
Principal Place	e of Business	Mailing Address			• • • • • • • • • • • • • • • • • • • •	
1937 GRACE A	VE.	1937 GRACE AVE.				
FT. MYERS FL 33901		FT. MYERS FL 33901		DO MOT WRITE IN T	LUC CDACE	
				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed 02/24/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		plied For
21		26		65-0392004		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27			Fee Re	quired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	· ·
23		28		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 30	<u> </u>	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	rea Agent	
CDO	SC NICK		81 Name	•		
CROSS, NICK			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1937 GRACE AVE.						
FI. J	MYERS FL 33901		83			
			84 City		85 Zip (Code
			[5.] 5		Fi `` ` '	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the nurnos	e of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig.	of Florida. Such change was authorations of, Section 607.0505, Florida	orized by the corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its opointment as re-	registered gistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig: Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Reg	orized by the corporation Statutes.	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its popintment as re	gistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A	of Florida. Such change was authorations of, Section 607.0505, Florida	orized by the corporation of the Statutes. Gistered Agent signature require	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its popintment as re	gistered
office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the oblig: Signature, typed or printed name of registered agent of the obliging of the obl	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res	onzed by the corporation a Statutes. gistered Agent signature require	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res	onzed by the corporation a Statutes. gistered Agent signature require 1.1 TITLE 1.2 NAME	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered agent of the obliging of the ob	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res	onzed by the corporation a Statutes. gistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered agent of the obliging of the ob	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rep. ND DIRECTORS	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as re- AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered agent of the obliging of the ob	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rep. ND DIRECTORS	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as re- AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered agent of the obliging of the ob	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rep. ND DIRECTORS	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as re- AND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered agent of the obliging of the ob	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rev. ND DIRECTORS DELETE	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as repointment as repo	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered agent of the obliging of the ob	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rep. ND DIRECTORS	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as re- AND DIRECTO	ORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rev. ND DIRECTORS DELETE	onzed by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as repointment as repo	ORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rev. ND DIRECTORS DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as repointment as repo	ORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Re: ND DIRECTORS DELETE DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its ppointment as repointment as repo	ORS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Rev. ND DIRECTORS DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Re: ND DIRECTORS DELETE DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Re: ND DIRECTORS DELETE DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authrations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res ND DIRECTORS DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its pointment as research as	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Re: ND DIRECTORS DELETE DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its population as re-	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authrations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res ND DIRECTORS DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its pointment as research as	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A D CROSS, NICK 1937 GRACE AVE. FT. MYERS FL 33901	of Florida. Such change was authrations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Res ND DIRECTORS DELETE DELETE	orized by the corporation a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	e of changing its pointment as research as	ORS IN 12 Addition Addition

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 of 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 of an appear with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

√SIGNATURE:

TITLE

NAME

STREET ADDRESS

AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

941-540-2226