


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

FILED
Jun 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000026912 (3)

1. Corporation Name
MAITLAND APPRAISAL SERVICE, INC.



Principal Place of Business 5305 DARBY ST CAPE CORAL FL 33904		Mailing Address 5305 DARBY ST CAPE CORAL FL 33904-5900	
2. Principal Place of Business 21 3061 Artisan Ln Ne Suite, Apt. #, etc.		2a. Mailing Address 26 3061 Artisan Ln Ne Suite, Apt. #, etc.	
22 City & State 23 Cape Coral, FL		27 City & State 28 Cape Coral, FL	
24 33917		29 33917	
9. Name and Address of Current Registered Agent MAITLAND, DOUGLAS 5305 DARBY ST CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 13611 McGregor Blvd Suite #3 84 City Fort Myers 85 Zip Code FL 33919	
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 <i>Douglas Maitland</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MAITLAND, DOUGLAS STREET ADDRESS 5305 DARBY ST CITY-ST-ZIP CAPE CORAL FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3061 Artisan Ln Ne 1.4 CITY-ST-ZIP Cape Coral, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 *Douglas Maitland* 4/2/97 944, 1121, 4444

CR2E034 (9/96)