SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name P9400093494 (O) APPRAISAL & DEVELOPMENT CONSULTANTS OF FLORIDA,						
APPRAIS INC.	SAL & DEVELOPMENT COI	nsultants of Flor	IDA,			## <b>                                   </b>
Principal Plac	ce of Business	Mailing Address	ling Address			
1727 COACHMAN PLAZA DRIVE		_	1727 COACHMAN PLAZA DRIVE			
SUITE 208 SUITE 208			UNIVE			
CLEARWATER	FL 33579	CLEARWATER FL 33579			DO NOT WRITE IN THIS SPACE	
1					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					01/01/1995 4. FEI Number	
21		2a. Mailing Address	26 Mailing Address		1	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-3285843	\$8.75 Additional
22		<b>├</b> ~	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	F		Country	y	8. This corporation owes or has paid the o	u <b>rre</b> nt year <u>Inta</u> ngible
24	25  29  30		30	d		
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registers	d Agent
WILLIES, MARK E				Name		
1727 COACHMAN PLAZA DR.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
208			83			
CLEARWATER FL 33579			100	7		_
			84	City	F	L 85 Zip Code
11. Pursuan	t to the provisions of sections 607.050	02 and 607.1508, Florida Statu	tes, the above	-named corp	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered
agent. I	am <b>fami</b> liar with, and accept the obliq	gations of, section 607.0505, F	lorida Statute	s.	mion's board of directors. Thereby accept the app.	outment as registered
SIGNATURE		. 1411				
12.	Signature, typed or printed name of registered ag-		NOTE: Registered /	Agent signature re	ADDITIONS/CHANGES TO OFFICERS	
TITLE	OFFICERS AND DIRECTORS  P DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	WILLIES, MARK E		1.2 NAME			L Change L Addition
STREET ADDRESS 1727 COACHMAN PLAZA DRIVE, SL		VE. SUITE 206	1.3 STREET ADDRESS			{
CITY-ST-ZIP CLEARWATER FL 33579		12, 00112 200	1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE	-		Change Addition
NAME			2.2 NAME			
STREET ADDRESS	DORESS		2.3 STREET ADDRESS			[
CITY ST-ZIP	Y-ST-ZIP		2 4 CITY-ST-ZIP			
TITLE	DELETE 3.1		3.1 TITLE			Change Addition
NAME	3.2		3.2 NAME			
STREET ADDRESS	RESS		3.3 STREE	TADDRESS		
CITY-ST-ZIP			3 4 CITY-S	T-ZIP	<del></del>	
TITLE			4.1 TITLE			Change Addition
NAME			4.2 NAME	ĺ		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<del></del>
TITLE		DELETE	5.1 TITLE	j		Change Addition
NAME STREET ADDRESS	TANDOSCS		5.2 NAME 5.3 STREET	14000000		
) ;			9			}
CITY-ST-ZIP TITLE			5.4 CITY-S' 6.1 TITLE	1-2112		Change   Adding
NAME	L_J DELETE		6.2 NAME	1		Change Addition
STREET ADDRESS			63 STREET	ADDRESS		
<b>f</b>			6.4 CITY-S	í		
J.1	L		<u> </u>		<del></del>	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes. For an attachment with all address.

SIGNATURE

**FILED** 

Oct 07 1998 8:00am

Secretary of State