


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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000059188 (9)**
1. Corporation Name
FLORIDA APPRAISAL & CONSULTING OF TAMPA, INC.

Principal Place of Business
**800 E. KENNEDY BLVD.
TAMPA FL 33602**

Mailing Address
**P.O. BOX 3366
TAMPA FL 33604-3366**



2. Principal Place of Business 21 928 ALLEGRO LANE		2a. Mailing Address 26 928 ALLEGRO LANE		3. Date Incorporated or Qualified 07/28/1995	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22 APOLLO BEACH, FL		Suite, Apt. #, etc. 27 APOLLO BEACH, FL		4. FEI Number 59-3331947	Applied For Not Applicable
City & State 23 APOLLO BEACH, FL		City & State 28 APOLLO BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33572		Zip 29 33572		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25 USA		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARD L. PHAGAN 500 E. KENNEDY BLVD TAMPA FL 33602				10. Name and Address of New Registered Agent	
				81 Name RICHARD L. PHAGAN	
				82 Street Address (P.O. Box Number is Not Acceptable) 928 ALLEGRO LANE	
				83	
				84 City APOLLO BEACH, FL	85 Zip Code 33572

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	PHAGAN, RICHARD	1.2 NAME	RICHARD L. PHAGAN
STREET ADDRESS	500 E. KENNEDY BLVD.	1.3 STREET ADDRESS	928 ALLEGRO LANE
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE **RICHARD L. PHAGAN** DATE **4/11/97** 4/11/97/412/16458880

CR2E034 (9/96)