

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059697 (9)

1. Corporation Name
BDS APPRAISERS, INC.



Principal Place of Business: ~~GLADES BUILDING, SUITE 303, 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG FL 33702~~

Mailing Address: ~~GLADES BUILDING, SUITE 303, 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG FL 33702~~

21	2. Principal Place of Business	2a	2a. Mailing Address
21	6295 Bahia Del Mar Suite, Apt. #, etc.	26	6295 Bahia Del Mar Suite, Apt. #, etc.
22	Unit M408 City & State	27	Unit M408 City & State
23	St. Petersburg, FL Zip	28	St. Petersburg, FL Zip
24	33715 Country	29	33715 Country
25	Pinellas	30	Pinellas

3. Date Incorporated or Qualified: **08/02/1995**

3a. Date of Last Report

4. FEI Number: **59-3331505**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **FL**

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's signature required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	MASCARA, ERNEST L	
STREET ADDRESS	GLADES BLDG., #303, 877 EXEC. CNTR DR. W.	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DPT
13 STREET ADDRESS	CLAUDIA M. SOUCY
14 CITY - ST - ZIP	6295 Bahia Del Mar, Unit M-408 St. Petersburg, FL 33715
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DVPS
23 STREET ADDRESS	LEO A. SOUCY
24 CITY - ST - ZIP	6295 Bahia Del Mar, Unit M-408 St. Petersburg, FL 33715
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Leo A. Soucy DVPS** 3/28/96 813-864-2872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)