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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000079017 1. Corporation Name

EXECUTIVE APPRAISAL AND CONSULTING INC.

Principal Place	of Business	Mailing Address			I (184(184) 114 (4114 attit astit astit astit astit data tatit astis tati	
1483 GODFREY	AVENUE	1483 GODFREY AVENUE				
SPRING HILL FI	L 34609	SPRING HILL FL 34609			DO NOT MIDITE IN THIS SPACE	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		To Market Address			09/23/1996	
-	ace of Business	2a. Mailing Address			\	
21 26 Suite Apt # etc					59-3405932 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7		5. Certificate of Status Desired Fee Required	
22		City & State				
City_& State	3	28		والمستحكة	6. Election Campaign Financing 55.00 May Be.	-
Zip	Country	Zip	Countr	v	This corporation owes the current year Intangible	
		_	,	Personal Property Tax.		
24	9. Name and Address of Current		- T		10. Name and Address of New Registered Agent	
			8	Name		
MAU	riello, anthony j) Oi A	address (P.O. Box Number is Not Acceptable)	
1483 GODFREY AVENUE			8:	Street At	address (P.O. Box Nulliber is Not Acceptable)	
SPRING HILL FL 34609			8:	3		
			L		log 75- C-da	
			84	City	FL 85 Zip Code	
11 Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the abo	/e-named co	corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	ithorized b	/ the comora	ration's board of directors. I hereby accept the appointment as registered	
•	m lamiliar with, and accept the obligat	actis of, Section Cort. 5565, 1 for	' '	J .		
SIGNATURE						
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ag	ent signature req	quired when reinstating) DAYE	ć
12.	Signature, typed or printed name of registered agen OFFICERS AN		Registered Ag 13.	ent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	6
				ent signature req	dance trively to the many	(00)
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(00)
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12. TITLE NAME	OFFICERS AN D MAURIELLO, ANTHONY J	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
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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 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, with an other like empowers.

6.3.STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS