

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90014 002 ***158.75

DOCUMENT # 1. Corporation Name P96000092653 Camelot Appraisal Service, Inc.

Principal Place of Business Mailing Address 2163 NW 45 Avenue (new address) Coconut Creek, FL. 33066

2. Principal Place of Business 2a. Mailing Address 21. Same 26. Same 22. Suite, Apt. #, etc. Same 27. Suite, Apt. #, etc. 23. City & State Same 28. City & State 24. Zip US 25. 29. 30.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/96 4. FEI Number 65-0706562 Applied For Not Applicable 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent Nicholas S. Saulle 2163 NW 45 Avenue Coconut Creek, FL. 33066

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for Nicholas S. Saulle, President.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 all other like empowered.

SIGNATURE: Nicholas S. Saulle - President 5/26/99 954-917-6799

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