

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

**1997 SEP 26 AM 9:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000098779 (7)**

1. Corporation Name  
**MAIN STREET APPRAISAL SERVICE, INC.**



Principal Place of Business <b>2312 13TH ST ST CLOUD FL 34769</b>	Mailing Address <b>2312 13TH ST ST CLOUD FL 34769</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/03/1996</b>		3a. Date of Last Report	
21. Principal Place of Business <b>2893 BIG SKY BLVD</b>	22. Suite, Apt. #, etc.	26. Mailing Address <b>2893 BIG SKY BLVD</b>	27. Suite, Apt. #, etc.
23. City & State <b>KISSIMMEE, FL</b>	24. Zip <b>34744</b>	28. City & State <b>KISSIMMEE, FL</b>	29. Zip <b>34744</b>
25. Country <b>OSCEOLA</b>	30. Country <b>OSCEOLA</b>	4. FEI Number <b>59-3418201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BROWN, DOUGLAS E 2312 13TH ST ST CLOUD FL 34769</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable) <b>2893 BIG SKY BLVD</b>		
83.	84. City <b>KISSIMMEE, FL</b>		
	85. Zip Code <b>34744</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>000002309818-0</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Brown, Douglas E.</b>		1.2 NAME	
STREET ADDRESS <b>2245 Whip-O-Will Ln</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>St Cloud, FL 34769</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as an attachment with an address.

**0/18 107**

CR2E034 (4/97)