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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004361
 1. Corporation Name

OnLine Appraisals, Inc.

Principal Place of Business Mailing Address

126 Wilshire Blvd. 126 Wilshire Blvd.
 Suite 179 Suite 179
 Casselberry, FL 32707 Casselberry, FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 14, 1997

4. FEI Number

59-3436560

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 (same as above)

26 (same as above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James Michael Studeman
 1516 Cuthill Way
 Casselberry, FL 32707

(as of 1/25/99)

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 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 607.0506, 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 ☒ DELETE
 NAME Gregory D. Gammage
 STREET ADDRESS 150 Wilshire Plaz
 CITY-ST-ZIP Suite 141
 Casselberry, FL 32707

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ DELETE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME Pres. Nancy M. Studeman
 1.3 STREET ADDRESS 1516 Cuthill Way
 1.4 CITY-ST-ZIP Casselberry, FL 32707

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME Sec. James M. Studeman
 2.3 STREET ADDRESS 1516 Cuthill Way
 2.4 CITY-ST-ZIP Casselberry, FL 32707

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 all other like empowered.

SIGNATURE:

James M. Studeman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMES M. STUDEMAN

April 7, 1999 (47)
 030-6411
 Daytime Phone #

CR2E034 (11/98)