FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Market State of the State of th



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012555 (3)

RESIDENTIAL APPRAISAL GROUP, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



4209 MEADOV TAMPA FL 33		4209 MEADOW HILL DRIVE TAMPA FL 33624			
		(*************************************			E IN THIS SPACE
				3. Date Incorporated or Qualified	
a. B . (1911)	N	1		02/07/1997	
2. Principal P	Place of Business	2a. Mailing Address	Dola Makes.	4. FELNumber 1/19291	Applied For
Suito Ant	N. Dale Mabey	26 870) //·	Date Mobey	31-241131	Not Applicable
Suite, Apt.	*· otc. 中114	Suite # Suite #	114	5, Certificate of Status Desired	S8.75 Additional Fee Required
City & State	MOA FC	28 THMPA	FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4 Z36	Country	29 336/V 3	Country USA	This corporation owes or has personal Property Tax due June	
4 2 2 V	Name and Address of Current	.1==1	1	10. Name and Address of New Re	
AM	ERILAWYER CHARTERED	· · · · · · · · · · · · · · · · · · ·	81 Name	Maph 1 FO	and the
	ALMERIA AVENUE		82 Street Addre	ess (P.O. Box Number is Not Accepte	ble)
	RAL GABLES FL 33134		420	9 Mendow Hil	PRIVE
J. 0.			83		
			84 City	71.00	B5 Zip Code 4
	7/2 22 22 22 22 22 22 22 22 22 22 22 22 2	1002.4500		TIME	FL 3362Y
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with and accept the obligations.	and 607,1508, Florida St atules fif foridal Such change was au	 the above-named corporation 	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
agent. I a				mach	11.00
SIGNATURE	Signature, typed or pro-tical isame of repotential agent	NK Mesiden	Registered Agont signature require	and whom rejected no.	4-1-70
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	FRANK, S. MARTIN		1,2 NAME		
STREET ADDRESS	4209 MEADOW HILL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY - ST - ZIP		
TITLE	VSD	X DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	VOGE, JANE W		2 2 NAME		†
STREET ADDRESS	4209 MEADOW HILL DRIVE		2 3 STREET ADDRESS		1
CITY-ST-ZIP	TAMPA FL 33624		2 4 CiTY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Doneste	3.4. CITY-ST-ZIP		Characteristics
TITLE		[_] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		l
CITY-\$T-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		go
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5,4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			I		
			6,2 NAME		I I
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 a 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. ATUDE 5 MAPLY Grank Praylest V-1-90