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Mailing Address

SUITE 305W

1900 CORPORATE BOULEVARD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015979

Principal Place of Business

SUITE 305W

1900 CORPORATE BOULEVARD

STENTON LEIGH VALUATION GROUP, INC.

	FL 334 31	BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE					
							orated or Qualifed		-		
						02/19/19	97				
2. Principal Pl	lace of Business	2a. Mailing Address		····		4. FEI Number				Applied F	or
21		26				65-07297	27			Not Applic	cable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						7	\$8.7	5 Addition	nal
22	.,, 5	27				5. Certificate of	Status Desired		Fe	e Required	
City & State	e	City & State				6 Flection Car	mpaign Financing		\$5.	00 May B	le
¬ '		28			:	Trust Fund	,			ded to Fees	
23 Zip	Country	Zip	Cor	untry		8 This corpora	ation owes the curr	rent vear li	ntangible		
24	25	29	30	ล		8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Currer			_			Address of New I	Registere	d Agent		
	3. (10/10/20/20/20/20/20/20/20/20/20/20/20/20/20			81 N	Name						
รอบ	TH FLORIDA REGISTERED AGE	:NTS, INC.									
	ATLAS PEARLMAN TROP & BO			82 8	2 Street Address (P.O. Box Number is Not Acceptable)						
	EAST LAS OLAS BOULEVARD.			83							
	T LAUDERDALE FL 33301	00.72 1000		63							
ron	I ENODERDACE I E 30301			84 (City				. 85	Zip Code	
					•			F	_ 1		
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida St	atutes, the a	bove-n	amed corpor	ration submits this	statement for the	purpose o	of changin	g its registe	ered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	Florida Stat	a by the tutes,	e corporation	is board of direct	ors. Thereby acce	pt the app	on and a	13 109/3/016	
SIGNATURE								DATE	-		_
5,5,5,1 ONE	Signature, typed or printed name of registered age	int and title if applicable. (*)	IOTE: Registered	d Agent sig	gnature required v	when reinstating)		DATE			
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (*) ND DIRECTORS	NOTE: Registered	d Agent si	gnature required v		CHANGES TO OF		ND DIRE	CTORS IN	12
12.			13.		gnature required v		CHANGES TO OF		ND DIRE		12 Addition
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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 true 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:**

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90222 019 ***158.75

DO NOT WRITE IN THIS SPACE