

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000055145 (1)**  
 1. Corporation Name  
**MARY LYELL ESTATE APPRAISALS & LIQUIDATIONS, INC**



Principal Place of Business Mailing Address  
**2581 ASPINWALL STREET** **2581 ASPINWALL STREET**  
**SARASOTA FL 34237** **SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

24 <b>34237</b>		25 <b>Sarasota</b>		26 <b>2581 Aspinwall St.</b>		27		28 <b>Sarasota, FL</b>		29 <b>342-37</b>		30 <b>Sarasota</b>		31 <b>65-0766366</b>		32 Applied For <input type="checkbox"/> Not Applicable	
33 <b>Sarasota, FL</b>				34 <b>Sarasota, FL</b>				35 <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				36 <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
37 <b>LYELL, MARY</b> <b>2581 ASPINWALL STREET</b> <b>SARASOTA FL 34237</b>								38 <b>LYELL, MARY</b> <b>2581 ASPINWALL STREET</b> <b>SARASOTA FL 34237</b>									
39 <b>FL</b>								40 <b>FL</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 *Mary Lyell* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYELL, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>2581 ASPINWALL STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34237</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 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.

SIGNATURE: *Mary Lyell*

CR2E034 (10/97)