**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of States

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P97000079286	(5
NETRACOUZ ADDDAIOA	U CEDVICES OF ELOPIDA IN	

NETWORK APPRAISAL SERVICES OF FLORIDA, INC.

FILED

98 OCT 15 AM 8: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Linicihan Liac	e or positioss	Maning Address				<u> </u>	
7651-A ASHLEY PARK COURT 7651-A ASHLEY PARK COURT		COURT					
ORLANDO FL 3	32835	ORLANDO FL 32835				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						09/12/1997	
2 Principal P	Mace of Business	2a. Mailing Address				4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address 21					59-3495089 Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional	
22 27					5. Certificate of Status Desired Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be			
23		28		-	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cor	untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent	· · ·			10. Name and Address of New Registered Agent	
NOR	RIS, RICHARD W			81	Name		
	I-A ASHLEY PARK COURT			82	Street (	Address (P.O. Box Number is Not Acceptable)	
	E 402			~	Judetr	Address (F.O. Dox Mulliber is Not Acceptable)	
	ANDO FL 32835			83			
				0.4	0"	lan Tr. O. d.	
				84	City	FL 85 Zip Code	
11. Pursuani	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.						
office or	registered agent, or both, in the State	of Florida. Such change w	as authorize	d by	the corpo	oration's board of directors. I hereby accept the appointment as registered	
	am ramiliar with, and accept the obliga	ilions of, section 607.0505	, Florida Sia	nutes			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Regist	ered Ad	gent slanatur	e required when reinstating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 T	ITLE		Change Addition	
NAME	NORRIS, RICHARD W	_	1,2 N	AME	ł		
STREET ADDRESS	7651-A ASHLEY PARK COURT		1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 C	ITY-ST-	-ZIP		
TITLE	DV	DELETE	2.1 7	ITLE			
NAME	NORRIS, RICHARD		2.2 N	AME		20000256 <b>726</b> 236464 -10/19/9801116012	
STREET ADDRESS	7651-A ASHLEY PARK COURT		2.3 S	TREET.	ADDRESS	****550.00 ****550.00	
CITY-ST-ZIP	ORLANDO FL 32835		240	ITY-ST	-ZIP		
TITLE		DELETE				Change Addition	
NAME /			3.2 N	AME	1		
STREETADDRESS					ADDRESS		
CITY-ST-ZIP			340	ITY-ST	-7IP		
TITLE		DELETE				Change Addition	
NAME			4.2 N		1	Change Modificat	
STREET ADDRESS					ADDRESS		
				TY-ST	1		
CITY-ST-ZIP		DELETE			711	Change Addition	
NAME		L DELETE	5.2 N			Grange Abduloti	
1					ADDDECC		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		<u> </u>		TY-ST	ZIP		
TITLE		DELETE	6,1 T	1172		Change Anditton	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS