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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079286

1. Corporation Name

NETWORK APPRAISAL SERVICES OF FLORIDA, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90068 002 ***150.00



Principal Place	of Business	Mailing Address				1 (MA)(MA) 1510 18114 1801) OBJIT GRIN BRIT 18011 18810 1814 1811 1811 1811 1811			
7651-A ASHLEY		7651-A ASHLEY PARK COURT							
ORLANDO FL 32835		ORLANDO FL 32835			l	DO NOT WRITE IN THIS SPACE			
					ĺ	3. Date Incorporated or Qualife	_		
ì					l	09/12/1997			{
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				59-3495089			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ĺ	5. Certifcate of Status Desired		\$8.75	Additional
22		27						Fee F	
City & State		City & State			ĺ	6. Election Campaign Financing	' _□		May Be
Zip	Country Zip Co					Trust Fund Contribution			to Fees
	25 Codniny	29 30		y	}	 This corporation owes the cu Personal Property Tax. 	ment year in	angible ☐ Yes	□No
24	9. Name and Address of Current					10. Name and Address of New	Registered		
o. Hallio bita Addi ede di edifotti (regiotale Agent				1 Nar	me				
NOR	RIS, RICHARD W			2 04	ant Address	o (D.O. Boy Number is Not Asser	table)		
7651	-A ASHLEY PARK COURT		8:	z Stre	et Addres	s (P.O. Box Number is Not Accer	itable)		
	E 402		8:	3		- <u>-</u>			
ORL	ANDO FL 32835			4 62				OE 7:-	Code
			8-	1 1			FL	- `	
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 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 C	FFICERS A	ND DIRECT	
TITLE	DP	☐ DELETE	1.1 TITLE		_			☐ Change	Addition
NAME	NORRIS, RICHARD W		1.2 NAME		1				
STREET ADDRESS	7651-A ASHLEY PARK COURT	į	1.3 STREE	ET ADDRE	ESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP					
TITLE	DV □ DELETE 2.1 TI		2.1 TITLE		- (Change	☐ Addition
NAME	Norris, Richard		2.2 NAME		ł				•
STREET ADDRESS	7651-A ASHLEY PARK COURT		2.3 STREI	ET ADDRE	ESS				
*CITY-ST-ZIP	ORLANDO FL 32835-		2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TMLE					☐ Change	Addition
NAME			3.2 NAME		}.				
STREET ADDRESS	•		3.3 STREI	ET ADDRE	ESS				J
CITY-ST-ZIP			3.4. CITY-		\rightarrow				
TITLE	•	☐ DÉLETE	4.1 TITLE					Change	Addition
NAME		į	4. 2 NAME			•			ļ
STREET ADDRESS	12	ļ	4.3 STREI		ESS				ļ
CITY-ST-ZIP			4.4 CITY-					□ C5	- Addition
TITLE		☐ DELETE	5.1 TITLE		}			☐ Change	☐ Addition
NAME			5,2 NAME						
STREET ADDRESS			5.3 STREE		:88				
CITY-ST-ZIP		[7] DELETE	5.4 CITY- 6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Chanca	Addition
TITLE		☐ DELETE			1			☐ Change	☐ Addition
NAME			6.2 NAME					•	ł
STREET ADDRESS			6.3 STREE		:SS				Į
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, with all other like empowered.

SIGNATURE:

HOMATURK SIGNATURE AND TYPED OR PRINTED NAME O