COR ANNU	PROFIT PORATION AL REPORT 1999	FLORIDA DEP/ Kathe Secret	ER MAY 1ST IS \$55 FLORIDA DEPARTMENT Katherine Har Secretary of Sta DIVISION OF CORPO		Apr 20, 1 Secretar	FILED Apr 20, 1999 8:00 an Secretary of State 04-20-1999 90187 011 ***150.00	
i. Corporation	MENT # <b>P97000</b> Name APPRAISING & CONSULTIN						
Principal Place 1100 SOUTH TA SUITE 204 SARASOTA FL (	MIAMI TRAIL	Mailing Address 1100 South Tamiami Tr Suite 204 Sarasota FL 34236	AIL		DO NOT WRITE 3. Date Incorporated or Qualifed 11/12/1997	IN THIS SPACE	,
	ace of Business	2a. Mailing Address			4. FEI Number		ied For
21 Suite, Apt. #	#, etc.	26 Suite, Apt. #, etc.			<u>65-0792861</u>	\$8.75 Ar	Applicable Iditional
22	· · · · · · ·	27				Fee Req	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current		
24	25 9. Name and Address of Current	29 t Registered Agent	30		Personal Property Tax. 10. Name and Address of New Reg		
SARA 11. Pursuant t office or re agent. I ar	E 204 ASOTA FL 34236 o the provisions of Sections 607.0502 gistered agent, or both, in the State o n familiar with, and accept the obligat	of Florida. Such change was	authorized	t by the corporati	poration submits this statement for the pu on's board of directors. I hereby accept t	FL 85 Zip Co rpose of changing its re the appointment as regi	aistered
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature require			
12. TITLE	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SUGAR, HOWARD 1100 SOUTH TAMIAMI TRAIL S SARASOTA FL 34236	STE. 204		ME IREET ADDRESS TY-ST-ZIP			S IN 12 Addition
TITLE NAME STREET ADDRESS	чи	DELETE	2.1 Tr 2.2 N 2.3 S			Change	Addition
CITY-ST-ZIP TITLE			2.40	ITY-ST-ZIP	<u> </u>	Change	Addition
NAME STREET ADDRESS		_	3.2 N 3.3 S				
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 Π 4.2 N	TLE.		Change	Addition
CITY-ST-ZIP	· # 10.999			TY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS	·.			AME IREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS			6.1 T) 6.2 N 6.3 S	AME IREET ADDRESS		Change	Addition
CITY-ST-ZIP 14. I hereby c indicated officer or c	ertify that the information supplied wit on this annual report or supplemental literctor of the corporation of the recei- or Block 13 if changed, or opportitact URE:	h this filing does not qualify i annual report is true and ac	or the exe	TY-ST-ZIP mption stated in that my signatur	Section 119.07(3)(i), Florida Statutes. I fu e shall have the same legal offect as if m ired by Chapter 607, Fordia Statutes; ar	In the certify that the international that is a set of the certify that is a set of the certify that is a set of the certify that my name appear	ormation am an urs in

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