


AMOUNT DUE ON OR BEFORE 07/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90020 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000007381 1. Corporation Name SCOTT JAMES APPRAISAL, INC.					
Principal Place of Business 8500 S.E. MIDPORT ROAD SUITE 272 PORT ST. LUCIE FL 34952			Mailing Address 2500 S.E. MIDPORT ROAD SUITE 272 PORT ST. LUCIE FL 34952		
2. Principal Place of Business 21 2440 SE Federal Highway Suite, Apt. #, etc. 22 Suite Z City & State 23 Stuart, FL Zip 24 34994 Country 25 USA		2a. Mailing Address 26 2440 SE Federal Highway Suite, Apt. #, etc. 27 Suite Z City & State 28 Stuart, FL Zip 29 34994 Country 30 USA		3. Date Incorporated or Qualified 01/22/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JAMES, SCOTT 5 S. RIDGEVIEW ROAD STUART FL 34998			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME President STREET ADDRESS Scott James CITY-STATE-ZIP 5 S. Ridgeview Road Stuart, FL 34996					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: _____ DATE: 6-25-99 DAYTIME PHONE #: 561-337-4377					

CR2E034 (5/99)