AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 15, 1999 8:00 am Secretary of State 07-15-1999 90020 039 \*\*\*550.00

**FILED** 

DOCUMENT #

1. Corporation Name P98000007381

SCOTT JAMES APPRAISAL, INC.

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Principal Place of Busines	:8	Malling Address			- I RAMINAMAT NAM TRIBET TARETT	44111 BBIN <b>551</b> 11 <b>66</b> 111	20111 <b>19588</b> [i]	D1 (8184 )(3) 188	И
2500 S.E. MIDPORT ROAD	\	2500 S.B. MIDPORT BOAD			1				
SÚNTE 272\	`	SUITE 272							
PORT ST. L'HCIE FT 34952 PORT ST. L'DICIE FL 34952						DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu 01/22/1998	alfied			
2. Principal Place of Busin	nets 1 2	a. Mailing Address	. 1	II I	4. FEI Number		XA	plied For	]
2712440 SE F	ederal tiahway 20	12440 SE t	ederal	High	,Ay		N	ot Applicable	
Suite, Apt. #, jetc.	27	Suite Apt. # etc.	- -		5. Certificate of Status Des	ired 🗀	•	Additional equired	
City & State		City & State	11		6. Election Campaign Finar	ncing	\$5.00	May Be	7
23 5 VA(T)	-  28	Stuff.		<u></u>	Trust Fund Contribution	<u> </u>		to Fees	_].
24 ZIB 4994	Country A	21034994	Country	ISA	This corporation owes the Intangible Personal Prop	, ,	Yes 🔀	No	
	and Address of Current Reg				10. Name and Address of		Agent		
			81	Name			<del></del> -		
JAMES, SCOT			82	Street A	ddress (P.O. Box Number is Not A	ccentable)			-
5 S. RIDGEVIE			}**	SUBBL AL	DOI 955 (P.O. DOX NOTICE TO NOT A	Copulatio/			
STUART FL 34	1996		. 83			-			
			84	City		Fi	85 Zip	Code	
11. Pursuant to the provide office or ragistered as	sions of sections 607.0502 and gent, or both, in the State of Fk	607.1508, Florida Statute orida, Such change was a	s, the above	named cor the corpor	poration submits this statement for ration's board of directors. I hereby	the purpose of chi accept the appoin	inging its re tment as re	gistered gistered	7
SIGNATURE							<u> </u>		
SIGNATURE Signature, typed	or printed name of registered agent and the	Se if applicable. (NO	TE: Registered A		required when remstating)	DATE	·		66
SIGNATURE Signature, typed 12.	or printed name of registered agent and the	Se if impalicable. (NO RECTORS				DATE	DIRECTO		(5/99)
SIGNATURE Signature, typed 12.	or printed name of registered agent and the	Se if applicable. (NO	TE: Registered /		required when remstating)	DATE	·		34 (5/99)
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption started 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 at the receiver or trusted 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.

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