

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # P98000018343

1. Corporation Name  
CEC APPRAISAL SERVICES, INC.Principal Place of Business  
3106 SOUTH HORSESHOE DRIVE  
NAPLES FL 34104Mailing Address  
3108 SOUTH HORSESHOE DRIVE  
NAPLES FL 34104

2. Principal Place of Business 21	2a. Mailing Address 26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Zip 29	Country 30

3. Date Incorporated or Qualified

02/25/1998

4. FEEL Number  
59-3502581Applied For  
Not Applicable5. Certificate of Status Desired  
- Fee Required6. Election Campaign Financing  
- Trust Fund Contribution\$8.75 Additional  
- Fee Required\$5.00 May Be  
Added to Fees7. This corporation owes the current year Intangible  
Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

BROWN, DENNIS C ESO.  
BOND, SCHOENECK AND KING, P.A.  
1167 THIRD STREET SOUTH  
NAPLES FL 34102

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (1/1998)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN, MICHAEL F	1.2 NAME
STREET ADDRESS	3106 SOUTH HORSESHOE DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANE, DOUGLAS J	2.2 NAME
STREET ADDRESS	3106 SOUTH HORSESHOE DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, DAVID E	3.2 NAME
STREET ADDRESS	3106 SOUTH HORSESHOE DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 34104	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
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: *David E. Weston* DAVID E. WESTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98

Date

941-643-2324

Daytime Phone #