SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** . FLORIDA DEPARTMENT, OF STATE CORPORATION Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 DEC 13 PM 3: 59 **DOCUMENT#** P98000040970 SECRETARY OF STATE TALLAHASSEE, FLORIDA LENDERS CHOICE APPRAISAL SERVICE, INC. Principal Place of Business Mailing Address 1966 VALLEY DR. ISUS Main St-1565 Main St 1966 VALLEY DR. **DUNEDIN FL 34698** 3. Date Incorporated or Quali 05/04/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3507529 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes the current year Zio Yes 24 29 30 Intangible Personal Property. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CODERRE, STEVEN H 82 Street Address (P.O. Box Number is Not Acceptable) 1966 VALLEY DR. **DUNEDIN FL 34698** 83 City DUNEON 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 647.0505, Florida Statutes.

NATURE:

| Signature: Typed or printed name of registered layert and title if explicable (NOTE: Regardined Agent signature required when reinelating)

| DATE SIGNATURE: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DP 1.1 TITLE Change Addition TITLE DELETE **CR2E034** CODERRE, STEVEN H 1.2 NAME NAME 1966 VALLEY DR. 1565 MAIN ST. 1.3 STREET ADDRESS DUNEOUN FL. 34698. **DUNEDIN FL 34698** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition CODERRE, TAMI C NAME 2.2 NAME 1968 VALLEY DR. 2.3 STREET ADDRESS STREET ADDRESS 500003078515-12/22/93 94075 947 **DUNEDIN FL 34698** CITY-ST-ZIP 2.4 CITY-ST-ZIP 12/22/99--01875--017 \*\*\*\*\$\$0.00 \*\*\*\*\*\$\$8.000 TITLE DELETE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 500003078515--3 3.4 CITY-ST-ZIP CITY-ST-ZIP 12/22/99--01075--018 TITLE OELETE 4 1 T(T) \$ 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 8.1 TITLE Change Addition NAME 6.2 NAME 8.4 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.