

\$150  
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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90089 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000088446**

1. Corporation Name  
**PRIORITY APPRAISAL SERVICES, INC.**



Principal Place of Business <b>36181 EAST LAKE ROAD #103                  PALM HARBOR FL 34685</b>	Mailing Address <b>36181 EAST LAKE ROAD #103                  PALM HARBOR FL 34685</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3584 FAIRWAY FOREST</b> Suite, Apt. #, etc. 22 <b>DRIVE</b> City & State 23 <b>PALM HARBOR, FL</b> Zip Country 24 <b>34685</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>3584 FAIRWAY FOREST</b> Suite, Apt. #, etc. 27 <b>DRIVE</b> City & State 28 <b>PALM HARBOR, FL</b> Zip Country 29 <b>34685</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>10/15/1998</b>	
4. FEI Number <b>59-3540720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBERTS, RICHARD**  
**505 EAST JACKSON STREET**  
**SUITE 202**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Darlene Kobsa* *DARLENE KOBSA* *3/24/99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOBSA, DARLENE</b>	
STREET ADDRESS	<b>36181 EAST LAKE ROAD #103</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3584 FAIRWAY FOREST DRIVE</b>
1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Darlene Kobsa* *DARLENE KOBSA* *3/24/99* *(727) 787-2722*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1-1998)