FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V14211

(9)

SUNCOAST APPRAISAL GROUP OF SARASOTA COUNTY, INC

Principal Place of Business Mailing Address

FILED May 02 1997 8:00am Secretary of State



635 S. ORANGI SARASOTA FL US		- 635 S. ORANGE AVE. -SARASOTA FL 34238-7549 US		Date Incorporated or Qualified 3a. Date of Last Report			
				**************************************	02/13/1992	06/26/19	196
2. Principal P	lace of Business	26 402 CAMINO REAL		4. FEI Number 65-0318328	-	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			58	.75 Additional	
22		27			5. Certificate of Status Desired		ee Required
City & State		City & State 28 SARASOTA FLORIDA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip 34231	Country 30 SA		8. This corporation has liability for i	ntangible tax ur] Yes = [[] No	nder s. 199.032,
24	25] 9. Name and Address of Curren		30 DF	RASSOTA	1 Florida Statutes L 10. Name and Address of New Re		
REF	GLER, SARI LYNN		81	Name	10. 110.110	g.o.o.o.o.r.go.i.c	
	SOUTH TAMIAMI TRAIL 304	8		82 Street Address (P.O. Box Number is Not Acceptable)			
	ICE FL 34236			62 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		85	Zip Code
44 5	40-40-607-010	10074100 5				▐▘▙▕▕▕	· · · · · · · · · · · · · · · · · · ·
office or r	ogistered agent, or both, in the State	z and 607 1508, Florida Statute of Florida, Such change was a	is, the abov uthorized b	e-named corp y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chang at the appointment	ging its registered ont as registered
	im familiar/vith, and accept the obliga	ations of, Section 607.0505, Flo				4/23	1G-7
SIGNATURE	Stoneture Dear Control of	Marian Salva (NOIE	Hegisjored Ag	INE H.	ired when reinstating)	DATE	
12.	OFFICE RS AND	DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	PVT	DELETE	1.4 TITLE			☐ Cr	hange 🔲 Addition
NAME	THOMPSON, CLAYTON ALAN		1.P NAME				
STREET ADDRESS	4021 CAMINO REAL SARASOTA FL			I ADDRESS			
CITY-ST-ZIP TITLE	S	DELETE	1.4 CITY - 24 TILLE	ST - ZIP		☐ CI	hange Addition
NAME	THOMPSON, DIANE HEIDEN		2 P NAME			L 0	migs LI regition
STREET ADDRESS	4021 CAMINO REAL			I ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-				
TITLE		DELETE 3.11				□ CI	hange
NAME			3 P NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			3 A. CITY-	ST-ZIP			hange Addition
TITLE NAME		ן הנדנונ <u>.</u>	41 TITLE 4 2 NAME			L CI	range [_] Addition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4 # City-				
TITLE		DELETE	5 1 117LF			Cr	hange Addition
NAME			5 P NAME				
STREET ADDRESS			5 B STREE	T ADDRESS			
CITY-ST-ZIP			5 N CITY-	ST-ZIP			F-1
TITLE		☐ DELETE	64 TITLE			∐ Cr	hange Addition
NAME			62 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			64 CITY-	S1 - 7IP			

I do 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 of the receiver or truster 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.

DIANE HELDEN

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