

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR BEFORE 8/31/95. AMOUNT DUE ON OR BEFORE 8/31/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE ON OR BEFORE 8/31/95: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V29110 (6)

1. Corporation Name
BAY WEST APPRAISALS, INC.

Principal Place of Business Mailing Address
4302 HENDERSON BLVD STE 104 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1992** 3a. Date of Last Report **08/05/1994**

4. FEI Number **59-3119118** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5806 Cay Cove Ct** 26 **P.O. Box 263386**
Suits, Apt. #, etc. Suits, Apt. #, etc.
22
23 **Tampa, FL** 27 **Tampa, FL**
City & State City & State
24 **33615** 25 **U.S.** 28 **33685** 29 **U.S.**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**KROMER, JOHN L. JR
4302 HENDERSON BLVD
STE 104
TAMPA FL 33629**

10. Name and Address of Now Registered Agent

81 Name **John L. Kromer, Jr**
82 Street Address (P.O. Box Number is Not Acceptable) **5806 Cay Cove Court**
83
84 City **Tampa** FL 85 Zip Code **33615**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KROMER, JOHN L. JR
STREET ADDRESS	5806 CAY COVE COURT
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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.

SIGNATURE:
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/25/95 (813) 855-2821
(Date) (Telephone Number)

CR2E034 (3/95)