

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V39784 (6)

1. Corporation Name
THE COASTAL APPRAISAL GROUP, INC.

Principal Place of Business 6719 WINKLER RD. SUITE 200 FT. MYERS FL 33919	Mailing Address 6719 WINKLER RD. SUITE 200 FT. MYERS FL 33919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6719 Winkler Road Suite, Apt. #, etc. 22 Suite 212 City & State 23 Fort Myers, Florida Zip 24 33919		2a. Mailing Address 26 6719 Winkler Road Suite, Apt. #, etc. 27 Suite 212 City & State 28 Fort Myers, Florida Zip 29 33919		3. Date Incorporated or Qualified 05/28/1992		4. FEI Number 65-0341939		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ANDERSON, PAUL A. 6719 WINKLER RD. SUITE 200 FT. MYERS FL 33919				10. Name and Address of New Registered Agent 81 Name Dale A. Robertson 82 Street Address (P.O. Box Number is Not Acceptable) 6719 Winkler Road 83 Suite 212 84 City Fort Myers FL 85 Zip Code 33919			
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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  Dale A. Robertson 12/31/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, PAUL			1.2 NAME	Dale A. Robertson		
STREET ADDRESS	6719 WINKLER RD. SUITE 200			1.3 STREET ADDRESS	6719 Winkler Road, Suite 212		
CITY-ST-ZIP	FT. MYERS FL 33919			1.4 CITY-ST-ZIP	Fort Myers, Florida 33919		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, DALE A.			2.2 NAME	Paul A. Anderson		
STREET ADDRESS	6719 WINKLER RD. SUITE 200			2.3 STREET ADDRESS	6719 Winkler Road, Suite 212		
CITY-ST-ZIP	FT. MYERS FL 33919			2.4 CITY-ST-ZIP	Fort Myers, Florida 33919		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE  DALE A. ROBERTSON
12/31/97 (941) 482-4433

CR2E034 (10/97)