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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M85469

1, Corporation Name

COMPREHENSIVE BUILDING INSPECTION SERVICES, INC.

Principal Place of Business

Mailing Address

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90131 025 ***150.00



r illicipal r lace	or Dusiness	Walling / Idahooo			j			
102 NW SPANIS	SH RIVER BLVD. STE C Fl 33431-1816	102 NW SPANISH RIVER BLVD BOCA RATON FL 33431-1816	. STE C					
00011 1411 014 1	2 00 701 1010				DO NOT WRITE IN	THIS SPAC	E	
					3. Date Incorporated or Qualified 06/15/1988			
a Balandard Di		0- Mailing Address			4. FEI Number		-Ann	lied For
	ace of Business	2a. Mailing Address 26 [][[2 NitwPool	٠,٠٠٠	ADE.	"		+ ''	Applicable
21 17112	NEWPORT CLUBIA	- · V	<u> </u>	IN OPE	65-0058776	<u>¢0</u>	_	dditional
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	ee Req	
City & State				•	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24 3349	Country	Zip 33496 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No			
24 00 11	9. Name and Address of Current f				10. Name and Address of New Regis	tered Agent		,
	9. Name and Address of Current	(egistered Agent	81	Name	10. Hand and years			
VRABEL, ANTHONY P 17112 NEWPORT CLUB DRIVE BOCA RATON FL 33496					ress (P.O. Box Number is Not Acceptable)			
				Oli Odi 7 iddi				
BOC.	A (MION I E 30490		83		· · · · · · · · · · · · · · · · · · ·	a. les!	- Tim C	
			84	City		FL 85	Zip C	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purp	ose of chang	ing its r	egistered istored
office or re	egistered agent, or both, in the State of	Florida. Such change was authors of Section 607,0505. Elorida	Statutes	the corporation	ion's board of directors. I hereby accept the	appointment Casta	asjegi	isiei du
	T. Vall	- FINTHONY P.	1/2 - 2	الا ا	1/8/99	Contain 6	1 414** -	. ,,,,,
SIGNATURE	Signature, typed or print a name of registered agent a				ed when reinstating) D.	ATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTOF	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				hange	Addition
NAME	VRABEL, ANTHONY P.		1.2 NAME		•			
	17112 NEWPORT CLUB DR.		13 STREET	TADDRESS				
STREET ADDRESS	BOCA RATON FL		1.4 CITY-S	1				
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	1-21			nange	Addition
TITLE	•	_ beleve	2.2 NAME			_	•	_
NAME	GALSON, JUDY							
STREET ADDRESS				TADDRESS				ļ
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-5	ST- ZIP		ПС	hange	Addition
TITLE		☐ DELETE	3.1 ππLE				ıanya	A00000011
NAME			3.2 NAME		•	•		
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST- ZIP	·			
TITLE		☐ DELETE	4.1 TITLE			□ci	hange	☐ Addition
NAME			4. 2 NAME					İ
STREET ADDRESS			4.3 STREE	TADDRESS	•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	_*			
TITLE		☐ DELETE	5.1 TITLE			C	hange	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS	*			{
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				Í
TITLE		☐ DELETE	6.1 TITLE				hange	Addition
			6.2 NAME			_	-	
NAME				T ADDRESS	,			į
STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-S	I-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 of 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 changes for on an attachment with an address, with all other like empowered.

SIGNATURE:

561-338-3704