

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P94000045132 (5)

1. Corporation Name:
A-1 BUILDING INSPECTION SERVICE OF TREASURE COAST, INC.

Principal Place of Business:

601 SW HILLSBORO CIR
PT ST LUCIE FL 34953

Mailing Address:

601 SW HILLSBORO CIR
PT ST LUCIE FL 34953-3338

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RONE, ANNA E
601 SW HILLSBORO CIR
PT ST LUCIE FL 34953

81 Name

LEE RONE

82 Street Address (P.O. Box Number is Not Acceptable)

601 SW HILLSBORO CIRCLE

83

84 City

PORT ST LUCIE

FL 85 34953

11. Pursuant to the provisions of Section 607.07(3)(b) and 607.07(3)(c), 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 607.07(3), Florida Statutes.

SIGNATURE LEE RONE *Lee Rone*

MARCH 3rd, 1997

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETED
NAME	RONE, WILLIAM	
STREET ADDRESS	601 SW HILLSBORO CIR	
CITY- ST- ZIP	PT ST LUCIE FL 34953	
TITLE	DS	<input checked="" type="checkbox"/> DELETED
NAME	RONE, ANNA E	
STREET ADDRESS	601 SW HILLSBORO CIR	
CITY- ST- ZIP	PT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA E RONE	
STREET ADDRESS	601 SW HILLSBORO CIRCLE	
CITY- ST- ZIP	PORT ST LUCIE FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 607.07(3)(g), 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. I am an officer or director of the corporation or the person or person 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 addendum with an address.

SIGNATURE *William Rone* WILLIAM RONE

March 3rd 1997 571-876-8222

CR2E034 (9/96)