

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
CORPORATE CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **V61569** (2)

95 MAY -1 AM 4:42

HAWKEYE HOME INSPECTIONS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office / Mailing Address  
7935 NW 8 CT  
MARGATE FL 33063

Do not write in this space

3. Date of Incorporation / Reinstatement <b>09/03/1992</b>	3a. Date of Last Report <b>04/05/1994</b>
4. FID Number <b>65-0360228</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has authority for returning tax under 1994 Florida Statute. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office / Mailing Address	2a. Mailing Address
21. State Address	26. State Address, etc.
22. City & State	27. City & State
24. Name	25. Name
29. City	30. City

9. Name and Address of Current Registered Agent

**ROMANO, PETER**  
7935 NW 8 CT  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Applicable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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. Changes except the appointment of a registered agent. I am filing with and accept the provisions of Section 607.0602, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	<b>D ROMANO, PETER</b>
2. STREET ADDRESS	<b>7935 NW 8 CT</b>
3. CITY / STATE	<b>MARGATE FL</b>
4. NAME	<b>D ROMANO, SUSAN</b>
5. STREET ADDRESS	<b>7935 NW 8 CT</b>
6. CITY / STATE	<b>MARGATE FL</b>
7. NAME	
8. STREET ADDRESS	
9. CITY / STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY / STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY / STATE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY / STATE		
4. NAME	<b>Removed</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<b>ROMANO SUSAN</b>	
6. CITY / STATE	<b>7935 NW 8 CT</b>	
7. NAME	<b>MARGATE FL 33062</b>	
8. STREET ADDRESS		
9. CITY / STATE		
10. NAME		
11. STREET ADDRESS		
12. CITY / STATE		
13. NAME		
14. STREET ADDRESS		
15. CITY / STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation subject to the provisions of Florida Statute. 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 that I have or had authority empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE: *Peter Romano* Director  
PETER ROMANO

4/27/95 (305) 974-6094