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

PROFIT CORPORATION ANNUAL REPORT

1997

Zip

NAME

在

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400084600 (3)

Country

A-ABLE INSPECTIONS, INC.

:	AADLE INGLECTIONS, INC.			
	Principal Place of Business	Mailing Address	# 1901/1901 ITO 101/1 BEDEE 801/4 091/3 001/	II DOIDH IONN BIOLE ÉIMH DONN AON IODH
	1720 E COMMERCIAL BLVD SUITE 277 FT LAUDERDALE FL 33334	1729 E COMMERCIAL BLVD Suite 277 Ft Lauderdale Fl 33334-5737		
			3. Date incorporated or Qualified 11/13/1994	3a. Date of Last Report 07/24/1996
er er	2. Principal Place of Business	28. Mailing Address 26	4. FEI Number 65-0589129	Applied For Not Applica
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
in in	City & State	City & State	6. Election Campaign Financing	\$5.00 May Be

Zip

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10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent EHLINGER, MICHAEL J. 1729 E. COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 277** FT. LAUDERDALE FL 33334 83 City Zip Code

Country

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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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. dest DELETE Change Addition TITLE 1.1 TITLE EHLINGER, MICHAEL J. NAME 1.2 NAME 1729 E. COMMERCIAL BLVD., SUITE 277 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP 1.4 CITY-ST-ZIE DELFTE Change Addition 2.1 TITLE TITLE NAME -2.2 NAMS STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - St - ZIP Change Addition DELETE TITLE 3.1 TO LE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TiTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-7iP CITY-ST-ZIP DELETE Addition Change 61 TITLE TITLE

14. I do 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 to 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 trustocomposition of the corporation of the corporatio

6.2 NAME 6.3 STREET ADDRESS

FILED

Apr 25 1997 8:00am

Secretary of State

This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes No

Applied For Not Applicable

Added to Fees