


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90015 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 752914</b>					
1. Corporation Name <b>FLORIDA FIRE INSPECTORS ASSOCIATION, INC.</b>					
Principal Place of Business 3630 SW 13TH ST. MIAMI FL 33145-1008 US			Mailing Address 3630 SW 13TH ST. MIAMI FL 33145-1008 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/12/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2021428	
24 Country		29 Country		30 Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAEGLING, KATHY 3630 S.W. 13TH STREET MIAMI FL 33145				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Kathy Daegling (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDM	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAEGLING, KATHY			1.2 NAME			
STREET ADDRESS	3630 S.W. 13TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	S D	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, LORI			2.2 NAME	JOHNSON, LORI		
STREET ADDRESS	12740 S.W. 70 LANE			2.3 STREET ADDRESS	8600 S.W. 133 Avenue Road, #417		
CITY-ST-ZIP	MIAMI FL 33183			2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183		
TITLE	TDS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAFULS, EDGAR (GARY)			3.2 NAME			
STREET ADDRESS	101040 N.W. 21 COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SLOWIAK, JAMES			4.2 NAME	GAINES, PATRICK		
STREET ADDRESS	17730 WOODREW TERRACE			4.3 STREET ADDRESS	1785 N.W. 165 AVENUE		
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33028		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERLOCK, THOMAS			5.2 NAME			
STREET ADDRESS	10910 SEA HIBICUS LN			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KERRY, RAYMOND			6.2 NAME	SHOMENS, C.L.		
STREET ADDRESS	8972 S.W. 49 ST			6.3 STREET ADDRESS	14325 NE 8 Avenue		
CITY-ST-ZIP	COOPER CITY FL 33328			6.4 CITY-ST-ZIP	NORTH MIAMI, FLORIDA 33161		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Daegling 1-8-98 (305) 381-8238  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)