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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

G11763

(1)

STRUCTURAL INSPECTION SERVICES, INC.

Principal Place of Business 5912 FORTUNE PLACE APOLLO BEACH FL 33572			Mailing Address P.O. BOX 3916 APOLLO BEACH FL 33572 US							
							 Date Incorporated or Qualified 12/03/1982 	3a. Date	5/01/	1995
2. Principal Place	e of Business	2a.	PO BOX	340	20)	4. FET Number 59-2328077			Applied For Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc				5. Certificate of Status Desired	S8.75 Additional Fee Required		
Oity & State		28	i				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	29	Ζιρ	Cour 30	ntry		8. This corporation has liability for in Florida Statutes Yes	□No		s 199.032,
	g. Name and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New R	egistered #	gent	
GREENBERG, SAMUEL A. 5912 FORTUNE PLACE APOLLO BEACH, FLA. 33572 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes					82 83 84	Oity	ress (P.O. Box Number is Not Acceptable	FL.	nging it	Zip Code
familiar with	i, and accept the obligations of, Sec ligative typed in problem are in registered up to OFFICERS At	tion (ki/.	0505, Florida Statutes				ADDITIONS/CHANGES TO OFF:	DAYE ICERS AND	DIREC	TORS IN 12
TITLE NAME STREET ADDRESS	PTD GREENBERG, SAMUEL A. 5912 FORTUNE PLACE APOLLO BCH FL		DELETÉ		ME REFT	ADDRESS ST-ZIP] Chang	je 🔲 Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS	S GREENBERG, MARLENE F 5912 FORTUNE PLACE APOLLO BCH. FL	3.	DELETE	2 1 1 2 2 N 2 3 SI	TLE NME REET	ADORESS ST-ZIP		[Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DFLETE	3 1 1 32 N 33 S	ITLE AME TREE	T ADDRESS		[Chang	ge 🔲 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DEL€16	4 1 T 4.2 N 4 3 S	HLE AME IREEI	I ADDRESS		[Chan	ge Addition
CITY - ST- ZIP TITLE NAME STREET ADDRESS			☐ DELETE	5 1 1 5 2 N 5 3 S	THEF	ST ZIP		I	Chan	ge Addition
CITY-ST-ZIP				540	IJΥ·!	ST-ZIF			_	

6 1 T-Ti F

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certify that the informocertify that the information indical oath, that I am an officer or direct appears in Block 12 or Block 13

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further supplemental annual report is true and ancurate and that my signature shall have the same legal effect as if made under receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Change

☐ Add-tion