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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J17628

1. Corporation Name

FEDERA	L BUILDING INSPECTIONS,	INC.					
							11811 11811 118 1
Principal Place	e of Business	Mailing Address			- 1 (88)(1) (189) (180) (180) (180) (180)	EIC OCHTE DENIC DENECT DENIC	
4722 NW ROCA	A RATON BLVD.	4722 NW BOCA RATON BLV	/D.		,		
STE. C-108 STE. C-108							
BOCA RATON FL 33431 BOCA RATON FL 33431					DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					06/04/1986	····	
⊢ `	lace of Business	2a. Mailing Address			4. FEI Number	- 	plied For
21		26			59-2680144		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 A	
City & State	٥	City & State		.			·
— ·	6	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country		8. This corporation owes the current		10 1 663
24	25	·	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren		301		10. Name and Address of New Regi		
			81	Name			
	/LINGS, EVERETT		82	C44 A d d	(D.O. Boy Nyerboy is Not Assentable)		
6628 NW 24TH AVE		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33496		83				
,							
			84	City	•	FL 85 Zip C	Code
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the purp	oose of changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the	appointment as re	gistered
anent La							
-	in familial will, and accept the obligat	lions of, Section 607.0505, Fiori	ua Statut o s	•			
SIGNATURE	Signature, typed or printed name of registered agent				od when reinstating)	DATE	
SIGNATURE		it and title if applicable. (NOTE: F			nd when reinstating) C ADDITIONS/CHANGES TO OFFICE		DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	it and title if applicable. (NOTE: F	Registered Agen				DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: F	Registered Apen			RS AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	it and title if applicable. (NOTE: F	13.	nt signature require		RS AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI D RAWLINGS, EVERETT	it and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature require		RS AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D RAWLINGS, EVERETT 6628 NW 24 AVE	it and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require		RS AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI D RAWLINGS, EVERETT 6628 NW 24 AVE BOCA RATON FL	nt and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature require		ERS AND DIRECTO ☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D RAWLINGS, EVERETT 6628 NW 24 AVE BOCA RATON FL DVP	nt and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	at signature require		ERS AND DIRECTO ☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI D RAWLINGS, EVERETT 6628 NW 24 AVE BOCA RATON FL DVP RAWLINGS, ADLEEN	nt and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	T ADDRESS T-ZIP		ERS AND DIRECTO ☐ Change	☐ Addition ☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP