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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32132 (9)
1. Corporation Name
HOME & CONDO BUYERS INSPECTION SERVICES, INC.



Principal Place of Business
1333 SW CENTURY AVENUE
3634 N.E. BARBARA DRIVE
PORT ST LUCIE FL 34953
US

Mailing Address
1333 SW CENTURY AVENUE
PORT ST LUCIE FL 34953-4275
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1986		3a. Date of Last Report 06/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-8405892		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
COKER, WILLIAM F.
3634 N.W. BARBARA DRIVE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81	Name	COKER WILLIAM F	
82	Street Address (P.O. Box Number is Not Acceptable)	1333 SW CENTURY AVE	
83			
84	City	FL	85 Zip Code 34953

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: WILLIAM F. COKER PRESIDENT

DATE: 4/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	COKER, WILLIAM F.	1.2 NAME	COKER WILLIAM F
STREET ADDRESS	3634 N.W. BARBARA DR.	1.3 STREET ADDRESS	1333 SW CENTURY AVE
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34953
TITLE	D	2.1 TITLE	D
NAME	COKER, JUDITH A.	2.2 NAME	COKER, JUDITH A
STREET ADDRESS	3634 N.W. BARBARA DR.	2.3 STREET ADDRESS	1333 SW CENTURY AVE
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34953
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 changed, or on an attachment with an address.

SIGNATURE: WILLIAM F. COKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/21/97 561-334-4507
DAYTIME PHONE #

0473827

CR2E034 (9/96)