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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

3. Date Incorporated or Qualified: 09/08/1986
3a. Date of Last Report: 06/25/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 31-8405892	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	30. Country

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: PORT ST LUCIE 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
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 4/21/97

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: COKER, WILLIAM F.	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 3634 N.W. BARBARA DR.	CITY-ST-ZIP: JENSEN BEACH FL	
TITLE: D	NAME: COKER, JUDITH A.	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 3634 N.W. BARBARA DR.	CITY-ST-ZIP: JENSEN BEACH FL	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: COKER WILLIAM F	
1.3 STREET ADDRESS: 1333 SW CENTURY AVE	
1.4 CITY-ST-ZIP: PORT ST. LUCIE FL 34953	
2.1 TITLE: D	Change/Addition: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: COKER, JUDITH A	
2.3 STREET ADDRESS: 1333 SW CENTURY AVE	
2.4 CITY-ST-ZIP: PORT ST. LUCIE FL 34953	
3.1 TITLE:	Change/Addition: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	Change/Addition: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	Change/Addition: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	Change/Addition: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	Change/Addition: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (9/96)