FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morkham,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

17

K59301

ASSOCIATED HOME INSPECTORS INCORPORATED

Principal Place of Business Mailing Address

FILED May 06 1998 8:00am Secretary of State

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818 PEACOCK PLE 560 KEY WEST FL 330 US 2. Principal Place of Suite, Apt. #, etc. 22 City & State 23 Zip	42	19507 SEMINOLE ST SUMMERLAND KEY US 28. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip.		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 01/19/1989 4. FEI Number CE COCCEPD 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24	25	29	30		Yes X No
GREGO 19507 :	Name and Address of Curre PREK, RICHARD A SMIENOLE ST ERLAND KEY FL 33042	ent Registered Agent	81 Name 82 Stree 83	10. Name and Address of New Registered A Gegorek H Address (P.O. Box Number is Not Acceptable) 9507 Sem; note St.	gent
office or register	ed agent, or both, in the Stat	502 and 607,1508, Florida St e le of Florida, Such chang e wa gutions of, Section 607,05 05 ,	is authorized by the co	FL d corporation submits this statement for the purpose of orporation's board of directors. I hereby accept the apport	85 Zip Code changing its registered intraent as registered
SIGNATURE	e typed ix printed natue of ingestered at		IOTE Registered Agent signatu	ure required when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE P NAME G STREET ADDRESS 1	DVD REGOREK, RICHARD A 9507 SEMINOLE ST UMMERLAND KEY FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Gegorek	Change Addition
TITLE S NAME G STREET ADDRESS 1		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	Gegorek	Change Addition
TITLE NAME STREET ADDRESS	OMMEND NO NO. 72	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST. 7ID		DELETE	4 1 TIPLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - S1 - ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELÉTE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.4 CITY - ST- ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	hat the information supplied	with this filing does not qualify	6.4 City-St-ZiP v for the exemption sta	Lited in Section 119.07(3)(i), Florida Statutes. I further cer	lify that the information

is true and accurate and that my signature shall have the same legat effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in