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



Sandra B. Mortham

COF ANNI	PROFIT RPORATION JAL REPORT 1997	Sandra Secre	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS	l l	997 8:00am ry of State
DOCU 1. Corporatio GENER/ Principal Place 14229 BLACKE	MENT # K823 AL INSPECTION SERVICE OF Business	` '			
2. Principal F 21 Suite. Apt 22	Place of Business #, etc.	2a, Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/21/1989 4. FEI Number 65-0160731 5. Certificate of Status Desired	3a. Date of Last Report 03/29/1996 Applied For Not Applicable \$8.75 Additional Fee Required
City & Stat 23 Zip 24	Country 25 9. Name and Address of C	City & State 28 Zip 29 purrent Registered Agent	Country 30	Election Campaign Financing Trust Fund Contribution This corporation has liability for in Florida Statutes Name and Address of New Reg	Yes No
142 W F			84 City utes, the above-named cos authorized by the corpor Florida Statutes.	dress (P.O. Box Number is Not Acceptable of the polynomial of the	FL 85 Zip Code urpose of changing its registered the appointment as registered
	Signariae typed or printed name of registe		OTE: Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	DATE
12.	PD	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME STREET ADDRESS CHY-SI-ZE	MOODY, JEAN L. 14229 BLACKBERRY DR. WEST PALM BEACH FL 3	_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
THLE NAME STREET ADDRESS		DELETE	21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		Change Addition
CITY-ST-ZIF THEE NAME STREET ALCHESS CITY-ST-ZIF		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDIRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
THE NAME STREET ADDRESS CHY-SI-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP		Change Addition
TITLE NAME		DELETE	61 TITLE 62 NAME	<u>, , , , , , , , , , , , , , , , , , , </u>	Change 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.

6.4 CITY-ST-ZIP

04/01/97 561-195-3717

FILED