

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92025 (0)
1. Corporation Name
CATALINA HOME INSPECTION SERVICE, INC.



Principal Place of Business 11480 SW 89 TERRACE MIAMI FL 33176	Mailing Address 11460 S W 99 TENN MIAMI FL 33176 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 11460 SW 99 TERRACE 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 07/26/1990	3a. Date of Last Report 04/05/1996
				4. FEI Number 65-0209500	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent MARGOLIS, ESQ SUITE 40 9040 SUNSET DR SUITE 003 MIAMI FL 33173				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTEIN, LARRY			12. NAME			
STREET ADDRESS	11460 S W 99 TENN			13. STREET ADDRESS	11460 SW 99 TERRACE		
CITY-ST-ZIP	MIAMI FL			14. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTEIN, SEYMOUR			22. NAME			
STREET ADDRESS	11460 S W TENN			23. STREET ADDRESS	11460 SW 99 TERRACE		
CITY-ST-ZIP	MIAMI FL			24. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. 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 or changed, or on an attachment with an address.

SIGNATURE:  SECRETARY OF STATE

CR2E034 (9/96)