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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M47031

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J.R. INSPECTION SERVICES. INC. Principal Place of Business Mailing Address C/O JEFFREY ROTHBERG C/O JEFFREY ROTHBERG 21685 LITTLE BEAR LANE 21685 LITTLE BEAR LAME **BOCA RATON FL 33428 BOCA RATON FL 33428-2663** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/20/1987 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2768283 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROTHBERG, JEFFREY 21685 LITTLE BEAR LANE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 City Zip Code 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 Signature, Typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD ☐ DELETE 1.1 TITLE ☐ Change ■ Addition TITLE ROTHBERG, JEFFREY 12 NAME NAME 21685 LITTLE BEAR LANE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY - ST-ZIP CITY - S1 - ZIP ☐ Change DELETE Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 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.