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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State Katherine Harris

04-20-1999 90155 021 \*\*\*150.00

DOCUI	MENT # M7950	3						
1. Corporation	RN INSPECTIONS, INC.							
Principal Place	e of Business	Mailing Address		<del> </del>	- I 1 <b>28108</b> 31 (11 (8918 (816) 81(1) 6819) (81) 81	EIBRI DIBIN DEBIN D		
506 NW 165TH		PO BOX 693760						
SUITE 300	31 110	MIAMI FL 33269-0760						
N MIAMI FL 33	US	-		DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed 05/05/1988		;	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For	l
21		26			65-0069275	No	t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 A	dditional	1
22		27			_5. Certificate of Status Desired Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be			
Zip Country		Zip Country		/	8. This corporation owes the current year Intangible			
24 25		29 3	0		Personal Property Tax.	XXYes	□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	l Agent		ı
en.	VAID DALK		81	Name			-	1
Fraynd, Paul 560 NW 165TH St. Rd.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MIAN	/II FL 33169		83				<u> </u>	
			84	City		85 Zip C	Code	
				<u> </u>	FI		alatarad	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was authations of, Section 607.0505, Florid	, the abov horized by la Statutes	e-named corpo the corporatio s.	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment as rec	jistered	
SIGNATURE								
			Registered Agent signature require			ND DIDEOTO	DC IN 43	á
12.	PD OFFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	□ Change	Addition	1 2
TITLE	FRAYND, PAUL	□ DECE IE	1.1 TITLE			ondinge		
NAME	The state of the s		1.2 NAME 1.3 STREET ADDRESS					2
STREET ADDRESS	560 N.W. 165TH ST. RD. MIAMI FL		1					l r
CITY-ST-ZIP	VD VD	DELETE -	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition	1 2
TITLE	,-	- DELETE		ŀ				
NAME	Fraynd, Gladys 560 NW 165TH ST RD		2.2 NAME					
STREET ADDRESS	MIAMI FL ~~		2.3 STREE	TADDRESS				l
CITY-ST-ZIP TITLE	SD	☐ DELETE	3.1 TITLE	51-ZIP -		☐ Change	Addition	1
NAME	FRAYND, SAUL		3.2 NAME		•	_ •	_	
STREET ADDRESS	560 N.W. 165TH ST. RD.		4	TADORESS				i
CITY-ST-ZIP	MIAMI FL		3.4, CITY-5	i	Creating .			1
TITLE	TD	DELETE	4.1 TITLE	31-24		☐ Change	☐ Addition	
NAME	FRAYND, FANNY	<del>-</del>	4.2 NAME					
STREET ADDRESS	560 NW 165TH ST. RD.			T ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE	· ·		☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	538		5.3 STREE	TADDRESS		4		ĺ
CITY-ST-ZIP	5.4		5.4 CITY+S	T-ZIP	•			
TITLE		DELETE 6.1 Ti				☐ Change	☐ Addition	
NAME	•		6.2 NAME		•			
STREET ADDRESS		6.3 STREE	T ADDRESS					
			0.4.000/.0					ĺ

14. I 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 of the corporation or the receiver of truste 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, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIREPAUL FRAYND PRESIDENT 4/01/99

(305)945-9200