

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47464 (5)

1. Corporation Name

**GULFSTREAM, FLORIDA CHAPTER OF AMERICAN SOCIETY
OF HOME INSPECTORS, INC.**



Principal Place of Business

Mailing Address

**12390 SW 82ND AVE.
MIAMI FL 33156**

**12390 SW 82ND AVE.
MIAMI FL 33156**

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALL, ARTHUR
12390 SW 82ND AVE.
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PECK, JERRY	
STREET ADDRESS	9965 MIRAMAR PARKWAY	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	BALL, ARTHUR	
STREET ADDRESS	12390 SW 82ND AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILVER, BURT	
STREET ADDRESS	150 SW 12 AVENUE #360	
CITY - ST - ZIP	POMPAHO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUEHL, KEITH	
STREET ADDRESS	150 SW 12 AVENUE, #360	
CITY - ST - ZIP	POMPAHO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURTON SILVER	
1.3 STREET ADDRESS	150 SW 12 AVENUE #360	
1.4 CITY - ST - ZIP	POMPAHO BEACH FL	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEITH RUEHL	
2.3 STREET ADDRESS	150 SW 12 AVENUE #360	
2.4 CITY - ST - ZIP	POMPAHO BEACH FL	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOEY CASILLERO	
3.3 STREET ADDRESS	685 EAST CUSABROOK CIRCLE	
3.4 CITY - ST - ZIP	DELRAY, FLA 33445	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLEN SCHENKOLY	
4.3 STREET ADDRESS	8430 STATE ROAD 84, #116	
4.4 CITY - ST - ZIP	DAVIE, FLA 33324	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARTHUR BALL	
5.3 STREET ADDRESS	12390 SW 82 AVENUE	
5.4 CITY - ST - ZIP	MIAMI FL 33156	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500001828625	
6.3 STREET ADDRESS	-05/20/96--01030--015	
6.4 CITY - ST - ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR BALL, DIRECTOR

4-30-96

Date

305-235-0103

Daytime Phone #

CR2E037 (12/95)