


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

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

04-20-1999 90310 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37838

1. Corporation Name
MQS INSPECTION, INC.



Principal Place of Business 1021 CENTIANNIAL AVE PISCATAWAY NJ 08854 US	Mailing Address 1021 CENTENNIAL AVE PISCATAWAY NJ 08854 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1992

2. Principal Place of Business 21 5858 WESTHEIMER Suite, Apt. #, etc. 22 SUITE 625 City & State 23 Houston, TX Zip 24 77057	2a. Mailing Address 26 5858 WESTHEIMER Suite, Apt. #, etc. 27 SUITE 625 City & State 28 Houston, TX Zip 29 77057	Country 25 USA	Country 30 USA
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4. FEI Number 36-3805594	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLIRON, JOSEPH E	
STREET ADDRESS	1021 CENTENNIAL AVE	
CITY-ST-ZIP	PISCATAWAY NJ 08854	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMOTHERMAN, BARRY	
STREET ADDRESS	6363 WOODWAY, SUITE 925	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, STEVEN	
STREET ADDRESS	2301 ARUTHUR AVE	
CITY-ST-ZIP	ELD BROVE VILLAGE FL 60007	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SINK, JOSEPH S JR	
STREET ADDRESS	1021 CENTENNIAL AVE	
CITY-ST-ZIP	PISCATAWAY NJ 08854	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PEARSON, JAMES M	
STREET ADDRESS	6363 WOODWAY, SUITE 925	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5858 WESTHEIMER, SUITE 625	
1.4 CITY-ST-ZIP	HOUSTON, TX 77057	
2.1 TITLE	EVP/CAO/BC/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETER R. BUCHLER	
2.3 STREET ADDRESS	5858 WESTHEIMER, SUITE 625	
2.4 CITY-ST-ZIP	HOUSTON, TX 77057	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLENN W. CAMPBELL	
3.3 STREET ADDRESS	5858 WESTHEIMER, SUITE 625	
3.4 CITY-ST-ZIP	HOUSTON, TX 77057	
4.1 TITLE	T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS J. SULLIVAN	
4.3 STREET ADDRESS	5858 WESTHEIMER, SUITE 625	
4.4 CITY-ST-ZIP	HOUSTON, TX 77057	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES E. SIMS	
5.3 STREET ADDRESS	5858 WESTHEIMER, SUITE 625	
5.4 CITY-ST-ZIP	HOUSTON, TX 77057	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 4-14-99 (713) 735-6900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #