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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300003168 (0)
THE INSPECTION GROUP OF SOUTH FLORIDA, INC.

			THE REPORT OF CORRESPONDED FROM THE PROPERTY OF THE PROPERTY O			
Principal Place of Business Mailing Address			r jakrister bie talan nist desti delit ablit besti ben	MR firmt LEGEN mitMi fmit tibbi		
150 SW 12TH AVENUE SUITE 960 POMPANO BEACH FL-33069	150 SW 12TH AVENUE SUITE 360 POMPANO BEACH FL 3306	•	DO NOT WRITE IN THIS SI	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
Į b			1 " · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	01/14/1993	····		
2. Principal Place of Business	2a, Mailing Address		4, FEI Number	Applied For		
[21]	[26]		65-0391723	Not Applicable		
Suite, Apt. #, etc.	Suile, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Crty & Stato	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	7(p)	Country	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes		
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
SAGE, NORMAN		81 Nam	е			
150 SW 12TH AVENUE SUITE 360		82 Stree	Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33069		83				
		84 City	FL	85 Zip Code		

11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes.

ugone i ta	The man with the control of the control of the	A-C. 161 667 (0.305), 1161	ica ciardica:			
SIGNATURE	Signature typed or printed name of repulsived agent and tille 1 a	pph sizik (NOTE	Registered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS		ERS AND DIRECTOR	IS IN 12
TITLE	D	DELFTE	1.1 TITLE		☐ Change	Addition
NAME	SAGE, NORMAN		1.2 NAME			'
STREET ADDRESS	150 SW 12TH AVE 360		13 STREFT ADDRESS			
CITY - ST - ZIP	POMPANO BCH FL		1.4 CITY - ST - ZIP			
TIFLE	D	DELETE	2 1 TITLE		☐ Change	Addition
NAME	SILVER, BURTON		2.2 NAME			
STREET ADDRESS	150 SW 12TH AVE 360		2 3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL		2 4 City - St - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	41 TITLE		☐ Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-S1-ZIP			
111TE		DELETE	5.1 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			

14. Thereby 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 region is supplied annual region is the variety and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate and the confliction is accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the confliction is accurate and the conflic

SIGNATURE

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