FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra E. Monham Socretary of State DIVISION OF CORPORATIONS

	1	9	9	6	
		• • • •			-

P94000010223 (3)

DOCUMENT #
1. Corporation Name CERTIFIED HOME INSPECTIONS, INC.



Principal Place	of Business	Mailing	Address					4 TOBUTBEN NIV 14111 BIRSH 40111 VI	nei aa ita aaia i aei ii	# #! #	14040 PIOCE 131 7 3 01	1
140 ELEVENTH STREET P O BOX 510685 KEY COLONY BEACH FL 33051-0685 KEY COLONY BEACH FL 33051-0685												
								3. Date Incorporated or Qualified 01/31/1994	3a. Date of L 04/	ast P	eport 1 995	_
2. Principal Pla 21	ace of Business	2a. Ma 26	iling Address					4. FEI Number	5-050034		Applied For Not Applicable	-
Suite, Apt. #	#, etc.	Sui 27	le, Apt. #, etc.	-				5. Certificate of Status Desired		8.75	Additional Required	
City & State		28 City	/ & State					Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip 24	Country 25	Z ip 29	<u>.</u>	30	intry	,		This corporation has liability for Florida Statutes Yes	ntangible tax un	der s	199.032,	
	9, Name and Address of Curre	nt Registere	d Agent			1		0. Name and Address of New R	egistered Age	nt		
Annu	NITHING PANILOD 4				81	Name						
	SIEWICZ, EDWARD A				82	Street A	Address	(P.O. Box Number is Not Acceptab	le)			-
	LEVENTH STREET					ļ		·				
JAET U	OLONY BEACH FL 33051-0685)			83	1						
					84	City			FI 8	5 Z	p Code	\dashv
11. Pursuant to	o the provisions of Sections 607,050	2 and 607.15	08, Florida Statute	s, the abo	L_ ove-r	named co	orporatio	n submits this statement for the pur	nace of observing	g its r	registered office	- ∃]
or registere familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such cha	inge was authorize	ed by the d	corp	oration's t	board o	directors, I hereby accept the appr	óintment as régi	sterec	Bagent. Lam	
SIGNATURE _	Signature, typod or printed name of registered ager	t and title if applica	ine (NO)	TE Registered	LAper	nt signature re	equired whe	r: reinstation)	DATE		 .	1
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFF		ECTO	ORS IN 12	- 3
TITLE	PID		DECETE	1 1 1	ITLE				☐ Ci		☐ Addition	7
NAME	BORYSIEWICZ, EDWARD /	Ą		1.2 N	AME							
STREET ADDRESS	140 ELEVENTH ST			1.3 S	TREET	ADDRESS						- }
CITY-ST-ZIP	KEY COLONY BEACH FL	33051-0685		1.4 C	ITY-S	6T- Z IP						8
TITLE	S		DELETE	2 1 1	ITLE					nange	☐ Addition	7
NAME	BORYSIEWICZ, GAIL V			2 2 N	AME:							
STREET ADDRESS	140 ELEVENTH ST			235	TREET	ADDRESS						
CITY-ST-ZIP	KEY COLONY BEACH FL	33051-0685		240	17-S	ST-ZIP						-
TITLE			DELETE	311	ITLE	• .			CI	nange	Addition	٦
NAME				3 2 N	AME							1
STREET ADDRESS				3 3. S	TREE	F ADDRESS						
CITY-ST-ZIP		<u> </u>		34 C	IIY-S	ST-ZIP						
TITLE			DELETE	4 1 T					C c	nange	□ Addition	
NAME				4 2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			E3 DELETE			ST - ZIP	ļ	با الله المناف المناف المنافق الم				4
TITLE			DELETE	5 1 7				50000182 -05/14/96011	:11 []	ange	☐ Addition	
NAME STOCET ADDRESS				5 2 N				-U5/14/96U11	13031			
STREET ADDRESS						ADDRESS		***208.08			1	
CITY-ST-ZIP TITLE			E) Del ere			ST-ZIP	-		——————————————————————————————————————			4
			☐ DELFTE	611					□ Ct	iange	☐ Addit No.	4
NAME STOCET ADODESS				62 N							1	+
STREET ADORESS						ADDRESS					,	Ψ
CITY-ST-ZIP	v certify that the information symbled	with this files	ie valuatoriu f	64 C	dos	ST-ZIP	life for #	a everytion stated in Castley 440	07/2\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Die	ton I finalis	4
certify that	y certify that the information supplied the information indicated on this agn	nual report of	, is voicinaniy iurni supplemental annu	arieu arid Jal report i	s tru	s not qua: Je and acc	any ior tr courate a	ie exemption stated in Section 119. nd that my signature shall have the	or(3)(K), Flörida same legal effec	otatul et as i	tes, i further f made under	

oath; that I am an officer or direction of the corporation of 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.

O NAME O SIGNING OFFICER OR DIRECTOR