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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025723 (5)

INSPECT-A-HOME, INC.

Principal Place of Business Mailing Address

4004 CM 90457 CTREET 4004 CM 90457

10034 SW 221ST STREET MIAMI FL 33190 10034 SW 221ST STREET MIAMI FL 33190-1185

## FILED May 15 1997 8:00am Secretary of State



MIAMI FL 33190	MIAMI FL 33190-1185			
			3. Date incorporated or Qualified 04/04/1994	3a. Date of Last Report 08/19/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0495885	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Clastics Compoint Financing	
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	untry Zip	Country	8. This corporation has liability for	
24 25	29	30	Florida Statutes	Yes No
9. Name and Ac	idress of Current Registered Agent		10. Name and Address of New R	egistered Agent
CARTER, JAMES A II		81 Name		1
10034 SW 221ST ST	REET	82 Street A	ddress (P.O. Box Number is Not Accepta	ble)
MIAMI FL 33190		83		4   1   1   1   1   1   1   1   1   1
		63		
		84 City		85 Zip Code
11 Pursuant to the provisions of	Sections 607.0502 and 607.1508, Florida \$	tatutes, the above-named o	corporation submits this statement for the	purpose of changing its registered
office or registered agent, or agent. I am familiar with, and	both, in the State of Florida. Such change v accept the obligations of, Section 607.0500	vas authorized by the corp 5, Florida Statutes.	oration's board of directors. I hereby acce	opt the appointment as registered
SIGNATURE Specific Inventor profes	I name of registered agent and little if applicable	(NOTE: Registered Agent signature )	recuired when reinstating)	DAYE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THEE D	DELETE	1,1 TITLE		Change Addition
NAME CARTER, JAME	ES A M	1.2 NAME		
STREET ADDRESS 10034 SW 221		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 3319		1.4 CITY-\$T-2IP		
TOLE	DELETE			Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
C(TY - S1 - 7)P	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
THILE	LL PECET	3.2 NAME		Control of the contro
NAME STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST- ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE			Change Addition
NAME		4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
CHY-ST-2F		4.4 CITY-ST-ZIP		
TILLE	DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
City-S1-ZiP		5.4 CITY-ST-ZIP		Abra 1 1480
FILE	☐ DELETE			Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-ZIP		6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SATURES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (05)233-8660