

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO RESTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000042997 (4)

1. Corporation Name

AMERICAN PROFESSIONAL INSPECTIONS, INC.

Principal Place of Business

362 MINORCA AVE.
103
CORAL GABLES FL 33134

Mailing Address

362 MINORCA AVE.
103
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 **B230 NE 8 PL.**

2a. Mailing Address

26

4. FEI Number

65-054-3485

Applied For

Not Applicable

22 Suite, Apt. #, etc.

RECORDED

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 City & State

MIAMI, FL.

28 City & State

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

24 Zip

33138

25 Country

USA

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**ROMNEY, LESLIE R
382 MINORCA AVE.
103
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **LESLIE R. ROMNEY**
82 Street Address (P.O. Box Number is Not Acceptable) **8230 NE 8 PL.**
83
84 City **MIAMI** 85 Zip Code **FL 33138**

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 **LESLE R. ROMNEY - PRES.**

DATE **7-10-95**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **ROMNEY, LESLIE R**
STREET ADDRESS **362 MINORCA AVE., SUITE 103**
CITY - ST - ZIP **CORAL GABLES FL 33134**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LESLE R. ROMNEY**

7-10-95

447-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)