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

PROFIT CORPORATION ANNUAL REPORT



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

4/26/96 305 - 273 - 4080 Dayline Prone 4

1996

SIGNATURE:

DOCUMENT # P9400060411 (3)
1. Corporation Name

orporation Name					 , -
C.H.ICOMPLETE	<b>HOME</b>	INSPE	CTIONS	S, INC	

Principal Place	of Rusinass	Mailing Address						
		5310 SW 103 PL						
MIAMI FL 33165		MIAMI FL 33165						
				3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last F 01/18/19	•		
2. Principal Place	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0512650	<b>├</b> ─	Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.7	5 Additional		
22	,	27		5. Certificate of Status Desired		Required		
City & State		City & State		6. Election Campaign Financing		0 May Be		
23		28		Trust Fund Contribution		d to Fees		
Zip	Country	Zip	Country 30	8. This corporation has liability for i	ntangible tax under s	199.032,		
24	25   9. Name and Address of Curren	29 It Registered Agent	[30]	10. Name and Address of New R				
			81 Name c	Cossell & Brass	. }			
343 ALM CORAL (	IM LAWRENCE J. SPIEGEL CHA IERIA AVE GABLES FL 33134		83 84 City N	715 3W 127 C	FL  85   Z	ip Code 33/8 <b>8</b>		
<ol> <li>Pursuant to or registere</li> </ol>	the provisions of Sections 607,0502 d agent or both, in the State of Flori	gand 607,1508, Florida Statute da. Such change was authorizi	es, the above-named cor ed by the corporation's b	poration submits this statement for the pur loard of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am		
	n, and accept the obligations of, Spot	ion 607.0505, Florida Matutes			1.01			
SIGNATURE:	ignated, lynds of planes having of registered agent	and the applicable (NO	Presidend TE-Registered Agent signature re	julied when reinstating)	-1-96			
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12		
TITLE	Р	DELETE	1. 1 TITLE	Pren: 1	Change	☐ Addition		
NAME	BRANTLEY, RUSSELL G		1.2 NAME	1220				
STREET ADDRESS	5310 SW 103 PL		13 STREET ADDRESS	4615 SW 127 CT	a . 0/ a			
CITY-ST-ZIP	MIAMI FL 33165	Fig. 6.6 ptr	14 CITY-ST-ZIP	MIAMI PL 3	3183	- Addition		
TITLE	ST CTCVCN D	☐ DELETE	2 1 111116		Change	☐ Addition		
NAME	FROST, STEVEN P 5310 SW 103 PL		2.2 NAME					
STREET ADDRESS	MIAMI FL 33165		2.3 STREET ADDRESS 2.4 CHY-ST-ZIP					
CITY-ST-ZIP	WIAMI TE 33 103	DELFTE	3 1 11716		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
DITY-ST-ZIP			3 4 CITY-ST-ZIP					
TITLE	NAME OF THE PERSON OF THE PERS	DELETE	4. 1 TIFLE	The state of the s	Change	Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 C(1) Y · ST - Z(P					
TITLE		☐ DELETE	5 1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		F) MITTE	5.4 CITY-ST-ZIP		□ Chenge	☐ Addition		
TITLE		☐ DELETE	6.1 TITLE		Change	T1 Vocation		
NAME OZOSEK ADDOGOG			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
14. 1 do hereby	certify that the information supplied	with this filing is voluntarily fun:	6400Y-ST-ZiP	ify for the exemption stated in Section 119.	.07(3)(k), Florida Stati	utes. I further		
certify that oath; that I	the information indicated on this annu	ual report or supplemental anno pration of the receiver or truste	ual report is true and acc e empowered to execute	curate and that my signature shall have the this report as required by Chapter 607, Fi	same legal effect as	if made under		

STERU P FROST