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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 28, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400060411

1. Corporation Name

C.H.I.-COMPLETE HOME INSPECTIONS, INC.

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Principal Plac	ce of Business	Mailing Address	,			I COMPLEMENT COMPLEMENT MENTAL		P DENK WHEN BIS	()
5310 SW 103	PL .	5310 SW 103 PL							
MIAMI FL 3316	65	MIAMI FL 33165							
							RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	ed .		
					T-1-1-1-1	08/17/1994			
	Place of Business	2a. Mailing Addres	S			4. FEI Number		A	oplied For
21		26				65-0512650			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired			Additional
22	·	27						Fee R	equired
City & Stat	te	City & State				6. Election Campaign Financin	g □		May Be
23	Country	[28]				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation owes the co	urrent year Int		_
24	25	29	30	· · · · ·	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax.		☐ Yes	□No
·	9. Name and Address of Cur	Tent Registered Agent		81	N	10. Name and Address of Nev	/ Registered	Agent	
RDA	INTLY, RUSSELL	The Art Aut Aut Aut 19 19 19		"	Name	•			
	5 SW 127 COURT	AKATS, INC		82	Street Addr	ress (P.O. Box Number is Not Acce	otable)		
	MI FL 33183			Ш	,				ong mayo
IMIM	MI FE 33163			83		11. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13-11-11		
				84	City	**(\p\n \n \	37. 14 (1) E.	85 'Zip'	Code
	***	22 5 50 1 25 11			J 01.,		FL	.	
- Political Object waster of					1			changing its	registered
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida	Statutes, the a	above	-named corp	poration submits this statement for the	ie purpose or	changing its	registered
" "Office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida. Such change	was authorized	d by i	the corporation	oration submits this statement for the on's board of directors. I hereby acc	ept the appoi	ntment as re	gistered
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP***