

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000062648 (8)**

1. Corporation Name

ALL-STATE HOME & BUILDING INSPECTIONS INC



Principal Place of Business

Mailing Address

464 WESTWOOD CIRCLE
WEST PALM BEACH FL 33411

464 WESTWOOD CIRCLE
WEST PALM BEACH FL 33411

2. Principal Place of Business

2a. Mailing Address

21 8688 YEARLING DRIVE
Suite, Apt. #, etc.

26 8688 YEARLING DRIVE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAKE WORTH FL
Zip 33467 Country USA

28 LAKE WORTH FL
Zip 33467 Country USA

24 33467

25 USA

29 33467

30 USA

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
06/20/1995

4. FEI Number
64-0518667

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, MICHAEL J
464 WESTWOOD CIRCLE
WEST PALM BEACH FL 33411

81 Name SIMON, MICHAEL J
82 Street Address (P.O. Box Number is Not Acceptable) 8688 YEARLING DRIVE
83
84 City LAKE WORTH FL 85 Zip Code 33467

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 607.0503, Florida Statutes.

SIGNATURE

Michael J Simon

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMON, MICHAEL J	
STREET ADDRESS	464 WESTWOOD CIRCLE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIMON, MICHAEL J	
1.3 STREET ADDRESS	8688 YEARLING DRIVE	
1.4 CITY - ST - ZIP	LAKE WORTH FL 33467	
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: *Michael J Simon, Pres* 1/26/96 (407) 967-3330
DATE: 1/26/96 DAYTIME PHONE: (407) 967-3330

CR2E034 (12/95)