

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 97 JUL 24 AM 8:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000062648 (8)**  
 1. Corporation Name  
**ALL-STATE HOME & BUILDING INSPECTIONS INC**



Principal Place of Business <b>8688 YEARLING DRIVE LAKE WORTH FL 33467 US</b>	Mailing Address <b>8688 YEARLING DRIVE LAKE WORTH FL 33467 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/22/1994</b>	3a. Date of Last Report <b>02/05/1996</b>
21	26	4. FEI Number <b>64-0518667</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	Zip	Country
24	25	29	30

**9. Name and Address of Current Registered Agent**

**SIMON, MICHAEL J**  
**8688 YEARLING DRIVE**  
**LAKE WORTH FL 33467**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SIMON, MICHAEL J</b>
STREET ADDRESS	<b>8688 YEARLING DRIVE</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>400002252674--9</b>
1.3 STREET ADDRESS	<b>-07/30/97--01077--016</b>
1.4 CITY - ST - ZIP	<b>****165.00 ****165.00</b>
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 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.

CR2E034 (4/97)



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**ALL-STATE HOME & BUILDING INSPECTIONS, INC.**

**8688 YEARLING DRIVE**  
**LAKE WORTH, FLORIDA 33467**  
**Phone: 561-967-3330**  
**Fax: 561-967-7780**

July 18, 1997

Department of State  
Division of Corporations  
Annual Reports  
PO Box 6327  
Tallahassee, Florida 32314

**To Whom This May Concern:**

I am writing this in an attempt to let you know that I never received a first notice that a fee was due. Being fairly new at corporate matters, but learning fast, it is difficult to pay fees that I am not aware are due. Now that I am aware of this fee, I will be certain to pay it before May in the future.

I spoke with a receptionist and she said the late fee may be waived if I explained my situation. She also told me to pay the amount that was due without the late fee until you considered my situation. I am asking that you waive the late fee as a 'one time' courtesy. Please advise me of your decision at either the address or the phone number above.

Thank you in advance for your consideration of this matter.

Sincerely,

Michael J. Simon  
President