

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 14 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000077041 (9)

1. Corporation Name

A-1 PRIDE INSPECTION SERVICES, INC.

Principal Place of Business

**8470 PASADENA BLVD
PEMBROKE PINES FL 33024**

Mailing Address

**8470 PASADENA BLVD
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 2071 S.W. 70 Avenue

Suite, Apt. #, etc.

22 Bldg. G-19

City & State

23 Davie, Florida

Zip

24 33317

Country

25 Broward

2a. Mailing Address

26 2071 S.W. 70 Avenue

Suite, Apt. #, etc.

27 Bldg. G-19

City & State

28 Davie, Florida

Zip

29 33317

Country

30 Broward

4. FEI Number

591961914

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

**ROERO, RANDOLPH
8470 PASADENA BLVD
PEMBROKE PINES FL 33024**

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 607.1506, 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

Signature (Typed or printed name of registered agent and date of registration)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
ROERO, RANDOLPH
STREET ADDRESS
8470 PASADENA BLVD
CITY, ST, ZIP
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 0617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randolph Roero

6/19/95

(305)476-0991

Daytime Phone #