## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077041 (9)

A-1 PRIDE INSPECTION SERVICES, INC.

Principal Place of Business Mailing Address 2071 S.W. 70 AVENUE 1110 NW 94 AVE BLDG. G-18 DAVIE FL 33317 PLANTATION FL 33332 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0527978 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 41 Court 5. Certificate of Status Desired W. 41 Court 331 6331 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROERO, RANDOLPH 1110 NW 94 AVE Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE \_\_\_ Change Addition ROERO, RANDOLPH NAME 1.2 NAME 1110 NW 94 AVE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver of trusted 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.

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

OLONIATURE.

NAME

STREET ADDRESS CITY-ST-ZIP

Tres

1-21-98/854-476-099/

**FILED** 

Jan 29 1998 8:00am

Secretary of State