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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9400084472 (7)

ANCHOR BUILDING INSPECTION, INC.

ANCHO	n boilding ingredition,	INO.				
Principal Place of Business		Mailing Address				il
660 N.E. 32ND STREET BOCA RATON FL 33431		680 N.E. 32ND STREET BOCA RATON FL 33431-6917				
					3. Date Incorporated or Qualified 11/16/1994 3a. Date of Last Report 01/30/1996	
		2a. Mailing Address	<del></del>		4, FEI Number Applied F	
21 26 Suite, Apt. #, etc.		Suite And # etc	Suite, Apt. #, etc.		65-0539989 Not Appli	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May B	je
23 28					Trust Fund Contribution Added to Fees	s
Zip			Country	, ·	8. This corporation has liability for intargible tax under s. 199.0 Florida Statutes Yes No	32,
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		Florida Statutes LV Yes L No 10, Name and Address of New Registered Agent	
RFF	RENS, ROBERT E		81	Name		
	N.E. 32ND STREET		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431						
			83			
			84	1	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abov	e-named co	orporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as register	lered
agent La	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statute	s.	riation's poard of directors, thereby accept the appointment as registe	nou .
SIGNATURE	Stgnature Typed or printed name of registered a	and sad tile (supleasing /AIOT)	E: Booistored As	ant signature re-	squired when reinstating) DATE	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	PT	DELETE	1.1 TITLE		Change A	ddition
NAME	BERENS, ROBERT E		1.2 NAME			
STREET ADDRESS	660 N.E. 32ND STREET			r address		·
CITY+S1+ZiP TITLE	BOCA RATON FL VPS	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		☐ Change ☐ A	ddition
NAME	BERENS, PHYLLIS E	Otten	2.2 NAME			JUILION
STREET ADDRESS	AND ALL OF ANTICE			I ADDRESS		
CHTY - ST - ZIF	BOCA RATON FL	· ·		ST-ZIP	,	
TITLE		DELETE	31 TITLE		Change A	Addition
NAME			3.2 NAME			
STREET ADDRESS				ADDRESS		1
CITY-ST-ZIP TITLE		DELETE 4.1		ST-ZIP	Change A	Addition
NAMÉ		4.21			القسط الاوالوالوالوالوالوالوالوالوالوالوالوالو	Jamon
STREET ADDRESS				T ADDRESS		
CHTY-ST-ZIP			4.4 CITY - S	ST ZIP		
TITLE		DELETE 5.1 T			Change A	Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY-ST-7IP TITLE		DELETE	5.4 CITY~: 6.1 TITLE	ST-ZIP	Change A	Addition
NAME			6.7 HITLE		Civalite Civ	Serecti

6.3 STREET ADDRESS

6.4 C/TY-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

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Derens 3/6/97 561-365-0°

**FILED** 

Mar 11 1997 8:00am

Secretary of State