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 # **P95000032887 (8)**

1. Corporation Name

BAY AREA HOME INSPECTIONS, INC.

Principal Place of Business

4600 W. CYPRESS STREET
SUITE 500
TAMPA FL 33607

Mailing Address

4600 W. CYPRESS STREET
SUITE 500
TAMPA FL 33607

3. Date Incorporated or Qualified: **04/26/1995**

3a. Date of Last Report

4. FEI Number: **59-3317201** — 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 [X] No

2. Principal Place of Business

21 6805 Bluffs Blvd.
Suite, Apt. #, etc.
22 Temple Terrace
City & State
23 Fl. 33617
Zip
24 33617
25 Hills.
Country

2a. Mailing Address

26 6805 Bluffs Blvd.
Suite, Apt. #, etc.
27 Temple Terrace
City & State
28 Fl. 33617
Zip
29 33617
30 Hills
Country

9. Name and Address of Current Registered Agent

LOPEZ, AL R JR.
4600 W. CYPRESS STREET
SUITE 500
TAMPA FL 33607

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0505 and 607.1502, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE	D — [XX] DELETE
NAME	LOPEZ, AL R JR.
STREET ADDRESS	4600 W. CYPRESS STREET, SUITE 500
CITY-ST-ZIP	TAMPA FL 33607
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	[X] Change [X] Addition
1.2 NAME	Wienman, James W.	
1.3 STREET ADDRESS	6805 Bluffs Boulevard	
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 alteration.

SIGNATURE: James W. Wienman — 4/2/96 — **813/988-4747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Wienman

Date — Daytime Phone

CR2E034 (12/95)