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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000046579 (5)

SPECIALTY BUILDING INSPECTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



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P.O. BOX 823685 P.O. BOX 823685 SOUTH FLORIDA FL 33082-3685 SOUTH FLORIDA FL 33082-3685 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 16900 NW 20 STREET 26 65-0592647 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing PEMBROKE tives, FL Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo **GROH, STEPHEN R** 16900 MW 20 ST. 5555 COLLINS AVENUE, #5R 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROUE PINEL, FL MIAMI FL 33140-83 33ass 84 City Zip Code 85 11. Pursuant to the provisions of Scotions 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 for both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam lamiliar with and appear to obligations of Section 607 0505, Florida Statutes. (NOTE Registered Agent signature required when reinstalling) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change TITLE 1.1 TITLE RESIDENT GROH, STEPHEN R TEPHEN NAME 1.2 NAME 900 NW 20 STREET 5555 COLLINS AVENUE #5H-STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL-1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 opporation 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 on an attachment with an address.

CIONATURE.