May 06, 1999 8:00 am Secretary of State

05-06-1999 90239 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000046579

1. Corporation Name

SPECIALTY BUILDING INSPECTIONS, INC.

Principal Place	of Business	Mailing Address				( 10011004 tid (010) Billi Galli Gal				
16900 NW 20TH PEMBROKE PIN		P.O. BOX 823685 SOUTH FLORIDA FL 33082-3685								
US Transferred to					•	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						06/12/1995	<del></del>	T 4		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
21		26				65-0592647	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certificate of Status Desired				
22		27								
City & State City & State						6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·			
23		28				Trust Fund Contribution	Add	ded to	Fees	
Zip Country Zip			Country			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	□Yes		□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	d Agent			
			-	81	Name					
	H, STEPHEN R		ł	82	Street Add	Iress (P.O. Box Number is Not Acceptable)	<del></del>			
1690	O NW 20TH ST.		02  3  ee							
PEM	Broke Pines FL 33028		83							
								7:- 0:		
: 				84	City	F	L 85	Zip Co	ode	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove	-named corp	poration submits this statement for the purpose	of changin	g its n	egistered	
office or n	egistered agent, or both, in the State	of Florida. Such change was au	ithonzea	DV I	the corporati	ion's board of directors. I hereby accept the app	ointment a	as regi	stered	
agent. La	m familiar with, and accept the obliga	Bons of, Section 607,0505, Flori	iua Statu	165.						
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE:	Registered	Agent	sionatura reduiri	ed when reinstating) DATE				
42	12. OFFICERS AND DIRECTORS 13.				oignatoro roquire	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12	
TITLE	P	DELETE	1,1 TITLE				☐] Cha		Addition	
	GROH, STEPHEN R	_	1.2 NA							
NAME			1		ADDOCCO				)	
STREET ADDRESS 16900 NW 20TH ST.			1,3 STREET ADDRESS							
CITY-ST-ZIP	PEMBROKE PINES FL 33028	DELETE			-ZIP		☐ Cha	nne	Addition	
TITLE #	<del></del> -	□ DETELE	2.1 TITLE 2.2 NAME				பு	ingo		
NAME										
STREET ADDRESS			2 3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP			2. 4 CI	TY-\$1	T-ZIP				(C) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	☐ DELI		3.1 TITLE			•	Cha	nge	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
ا ST-ZIPسر			3.4. Cl	3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4,1 TH	LE			☐ Cha	ınge	☐ Addition	
NAME			4. 2 NA	ME					ļ	
STREET ADDRESS			43 ST	REFT	ADDRESS				ļ	
!			4,4 CITY-5		1					
CITY-ST-ZIP				5.1 TITLE			Cha	ange	☐ Addition	
l .		C 025	5.2 NA				_=	-		
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP		□ per see	5.4 CIT 6.1 TIT		-211		[ ] Cha		Addition	
TITLE		☐ DELETE						iiye		
NAME			6.2 NA							
STREET ADDRESS			6.3 ST	REET	ADDRESS					

14. I 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 appears in Block 12 or Block 13 if changed or or an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP