FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1996	DIVISION (OF CORPORATIONS		
DOCUI	MENT # P9500	00054929	(1)		
,	ABLE INSPECTION SERVIC	ES. INC.			
				1 18 8 18 8 18 18 18 18 18 18 18 18 18 1	ANN ABIN OTHAN INN BIRN HEND NEW YOU ITEN
Principal Place	of Business	Mailing Address			
200 LADY SUSAN COURT		200 LADY SUSAN COURT			
CASSELBERRY FL 32707 CASSELBERRY FL 3					
				3. Date Incorporated or Qualified	3a. Date of Last Report
n Dissipat Ol	(0)			07/17/1995	
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		57 35 46	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23 Ζιρ	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curren			10. Name and Address of New R	
PPINA			81 Name		
	ian, evan m Eunset drive		82 Street Ac	Idress (P.O. Box Number is Not Acceptab	le)
SUITE			83		,
	1 MIAMI FL 33143		83		
55511	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida State	Ites, the above-named corp	oration submits this statement for the pur	
	od agent, or both, in the State of Floric n, and accept the obligations of, Secti			oration submits this statement for the purported of directors. I hereby accept the appoint	ointment as registered agent. I am
SIGNATURE _					
12.	Stynature, typed or printed name of registered agent. OFFICERS AND		NOTE Registered Agent signature requi		DATE
TILE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
NAME	GEORGE, JOHN		1.2 NAME		The provide Thy you that
STREET ADDRESS	200 LADY SUSAN COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP		
TITLE		DELETE	2. 1 TITLE		Change Addition
NAME STREET ADDRESS			2 2 NAME		
CITY-S1-ZIP			23 STREET ADDRESS		
TITLE		[7] DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - ST - ZiP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
THILE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		Stange Routtell
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		——————————————————————————————————————	54 CITY-ST-ZIP		
TITLE		DEFELE	6 1 TITLE		Change C Addition
NAME STREET ADDRESS			6.2 NAME		
CHTY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily fun	6.4 CITY-ST-ZIP nished and does not qualify	for the exemption stated in Section 119.0	7(3)(k). Florida Statutes I further
				for the exemption stated in Section 119.0 ate and that my signature shall have the shis report as required by Chapter 607, Flor	

4/18/96 (407)867-0023