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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063259 (2)

CBA INSPECTION SERVICES, INC.

Principal Place of Business Mailing Address ÁCO BOUTH CYPRESS ROAD, SUITE 14 POMPÁNO BEACH FL 33060 500 SOUTH CYPRESS ROAD, SUITE 14 POMPANO BEACH FL 33060-7141 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1995 04/24/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 65-0604246 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees This corporation has liability for integrible tax under s. 199.032, Ftorida Statutos Yes \(\bigcup \) No Country Zip Country 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAVARY, WILLIAM 500 SOUTH CYPRESS ROAD, SUITE 14 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 84 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Such 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. (NOTE: Registered Agent sig is/are required when rollsstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DETETE Change Addition 1.1 111(. TITLE SAVARY, WILLIAM NAME 1.2 NAME **500 SOUTH CYPRESS ROAD, SUITE 14** 1427 WHITEHALL ISLUP STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS, FL. 32708 POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 C(1) - S1 - Z(P Change TITLE DELETE 2.1 TO LE Addition NAME 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 7IP TITLE DETELL Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Addition JITLE 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY: ST- ZIP CITY-ST-ZIP DELETE Change TITLE 61 THLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do hereby 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 eath; 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 riame appears in Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

4.23.97 (904) 942 9002

FILED

May 01 1997 8:00am

Secretary of State