

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 # P95000075097 (2)

1. Corporation Name

ACE HOME INSPECTIONS, INC.



Principal Place of Business

6003 NORTHEAST 70 AVENUE
TAMARAC FL 33321

Mailing Address

6003 NORTHEAST 70 AVENUE
TAMARAC FL 33321

3. Date Incorporated or Qualified
09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

P.O. Box 820035

4. FEI Number

APPLIED FOR

☒ 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 ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEYDER, KENNETH
10081 PINES BLVD., SUITE E
PEMBROKE PINES FL 33024

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 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, 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.

SIGNATURE

Signature of person named in registered agent and title if applicable

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PS
DONELLI, GLORIA M
6003 NORTHEAST 70 AVENUE
TAMARAC FL 33321

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 address.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON NAMED IN SIGNING OFFICER OR DIRECTOR

GLORIA M Donelli

MAR 12 1996

Date

Daytime Phone

SG 41-9-96

CR2E034 (12/95)