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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000016744 (0)

1. Corporation Name

PROFESSIONAL PROPERTY INSPECTIONS, INC.

Principal Place of Business

7027 N.W. 49TH PLACE  
FT. LAUDERDALE FL 33319-3439

Mailing Address

7027 N.W. 49TH PLACE  
FT. LAUDERDALE FL 33319-3439

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 1919 N.E. 45 St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite Apt #, etc.

Suite 117

27 Suite, Apt. #, etc.

City & State

23 City & State

Ft. Lauderdale, Fl.

28 City & State

24 Zip

33308

25 Country

USA

29 Zip

30 Country

4. FEI Number

65-0643811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CAMERON, CARA E  
2929 E. COMMERCIAL BLVD.  
PENTHOUSE C  
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name

Cameron, Cara E.

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

3101 No. Federal Highway, Suite 601

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33306

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MOYER, LARRY H  
STREET ADDRESS 7027 N.W. 49TH PLACE  
CITY-ST-ZIP FT. LAUDERDALE FL 33319-3439

TITLE D ☒ DELETE  
NAME MOYER, SHARI  
STREET ADDRESS 7027 N.W. 49TH PLACE  
CITY-ST-ZIP FT. LAUDERDALE FL 33319-3439

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME Moyer, Larry H.  
1.3 STREET ADDRESS 7027 N.W. 49 Place  
1.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33319-3439

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry H. Moyer, President

Date

Daytime Phone #

0270513

CR2E034 (9/96)