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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000016744
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1. Corporation Name

PROFESSIONAL PROPERTY INSPECTIONS, INC.

Principal Place	e of Business	Mailing Address	·		- I 100(100% tre court duit obit oblit oben same sint det erit ioner ernt neat enn
1919 NE 45TH	STREET	7027 N.W. 49TH	PLACE		
STE #117	•	FT. LAUDERDALE	FL 33319-3439		
FT. LAUDERDAI	LE FL 33308				DO NOT WRITE IN THIS SPACE
US					3, Date Incorporated or Qualifed
	·				02/22/1996
— ·	lace of Business	2a. Mailing Addı	ess		4. FEI Number Applied For
21		26			65-0643811 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired Fee Required
22	<u>`</u>	City & State	-		
City & State	e	⊢ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	ountry	This corporation owes the current year Intangible
	25	29	30	, <u>, , , , , , , , , , , , , , , , , , </u>	Personal Property Tax.
24	9. Name and Address of Curre		[30]	T .	10. Name and Address of New Registered Agent
	J. Halle and Addiese of Carre	in regions ou regerie		81 Name	
CAM	ERON, CARA E			Cam	meron, Cara E
3101	N FEDERAL HWY			82 Street	Address (P.O. Box Number is Not Acceptable)
STE	#601			83	23 E. Commercial Elvis, 4410
FT. l	AUDERDALE FL 33306				
				84 City	FL 85 Zip Code
44 Dunawant	to the provinces of Sections 607.05	02 and 607 1508 Flori	ida Statutes the	ahove-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida. Such chan	ide was authorizi	ed by the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.	0505, Florida Sta	atutes.	
SIGNATURE	Signature, typed or printed name of registered agr	- a - d title if a splingble	/NOTE: Pagistor	nd Agent signature r	equired when reinstating) DATE
12.	•	ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP			TITLE	XX Change ☐ Addition
NAME	MOYER, LARRY H		1.2	NAME	Moyer, Larry H
STREET ADDRESS	7027 NW 59TH PLACE		1.3	STREET ADDRESS	7027 N.W. 49th Place
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP	7027 N.W. 49th Place
TITLE	11. 0 (0021)0,122 2			TITLE	Fort Lauderdale, FL 33319-3439
NAME			2.2	NAME	
STREET ADDRESS				STREET ADDRESS	
				CITY-ST-ZIP	
CITY-ST-ZIP TITLE				TITLE	☐ Change ☐ Addition
NAME I				NAME	
			1	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	Change Addition
NAME		_		NAME	,
STREET ADDRESS				STREET ADDRESS	
	•			CITY-ST-ZIP	
CITY-ST-ZIP	,			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADORESS				STREET ADDRESS	·
				CITY-ST-ZIP	
CITY-ST-ZIP ·				TITLE	☐ Change ☐ Addition
				NAME	_ , _ [
NAME STREET ADDRESS:			•	STREET ADDRESS	ļ
SIREEL AUUKESS.			··-		1

CITY-ST-ZIP 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 an an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: