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Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT



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

DOCUMENT # P96000061469 (8)

1. Corporation Name  
INSIGHT BUILDING INSPECTION SERVICES, INC.



Principal Place of Business  
2200 NORTH 39 AVENUE  
HOLLYWOOD FL 33021

Mailing Address  
2200 NORTH 39 AVENUE  
HOLLYWOOD FL 33021-4351

3. Date Incorporated or Qualified  
07/23/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1220 VAN BUREN ST.

2a. Mailing Address  
26 1220 VAN BUREN ST

4. FEI Number  
65-0681055

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Hollywood FL

City & State  
28 Hollywood FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33019

Country  
25 USA

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1	TITLE	1
NAME	1	NAME	1
STREET ADDRESS	1	STREET ADDRESS	1
CITY - ST - ZIP	1	CITY - ST - ZIP	1
TITLE	2	TITLE	2
NAME	2	NAME	2
STREET ADDRESS	2	STREET ADDRESS	2
CITY - ST - ZIP	2	CITY - ST - ZIP	2
TITLE	3	TITLE	3
NAME	3	NAME	3
STREET ADDRESS	3	STREET ADDRESS	3
CITY - ST - ZIP	3	CITY - ST - ZIP	3
TITLE	4	TITLE	4
NAME	4	NAME	4
STREET ADDRESS	4	STREET ADDRESS	4
CITY - ST - ZIP	4	CITY - ST - ZIP	4
TITLE	5	TITLE	5
NAME	5	NAME	5
STREET ADDRESS	5	STREET ADDRESS	5
CITY - ST - ZIP	5	CITY - ST - ZIP	5
TITLE	6	TITLE	6
NAME	6	NAME	6
STREET ADDRESS	6	STREET ADDRESS	6
CITY - ST - ZIP	6	CITY - ST - ZIP	6

14. I do hereby certify that the information supplied with this filing does not qualify for an 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: Scott P Conway 4/27/01 954-920-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)