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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000072031 (3)

EAGLE HOME INSPECTIONS, INC.

FILED May 11 1998 8:00am Secretary of State



Dainainal Dina	(D)	Basica Adda				—·—{		
Principal Place of Business Mailing Address								
1335 NO 31 HOLLYWOO		1335 NO 31ST ROAD HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE	F	
						3. Date Incorporated or Qualified 08/20/1996		
2. Principal P	lac e of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0690616	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28						Added to Fees	
Zip	Country	Zip	Cou	Country		8. This corporation owes or has paid the current y	ear Inta r gible	
24	25	29	30	0		Personal Property Tax due June 30. Yes M No		
	9, Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered Agent	<u> </u>	
DACUNDA, RICHARD				81 Name				
1335 NO 31ST ROAD				82 Street Addre		dress (P.O. Box Number is Not Acceptable)	·	
H	OLLYWOOD FL 33021							
				83				
				84	City	FL 85	Zip Code	
office or re	to the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida. Such change was	authorized	d by	the corpor.	orporation submits this statement for the purpose of chan ration's board of directors. I hereby accept the appointm	ging its registered ent as registered	
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered agr		IF: Flegiste/ed	d Ager	nt signature req	quired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE			1.1 (1)	TLE		□ C	hange L Addition	
NAME	DACUNHA, RICHARD		_ 1.2 NAME					
STREET ADDRESS			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			TY-ST	- ZIP			
TITLE	D [] DELETE			2.1 TITLE		LJ€	hange Addition	
NAME	DACUNHA, MARY		2.2 N				j	
STREET ADDRESS	1335 NO 31ST ROAD		2.3 STREET ADDR		ADDRESS			
C(TY-\$T-ZIP	HULLYWOOD FL 33021			ITY-\$	r-ziP			
TITLE	DELETE 3.1		3.1 11			L C	hange L Addition	
NAME	3.27							
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-S	r-ZiP		(
TITLE		☐ DELETE	4.1 Ti			□ 0	hange L. Addition	
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DOLLTE		TY-SI	- ZIP		hanna Addition	
TITLE		☐ DELETE	5.1 TI				hange [] Addition	
NAME			5.2 N/				İ	
STREET ADDRESS					ADDRESS		İ	
CITY-ST-ZIP		Louete		IY-SI	· ZIP		hanns Addition	
TITLE				1 TITLE		LJ C	hange L_ Addition	
NAME	•		6.2 N/					
STREET ADDRESS			6.3 ST	TREET A	ADDRESS		l	
CITY-ST-ZIP			6.4 CI	TY-S1	- ZIP			

Thereby 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 chapter or or an attachment with an address.