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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

5201 MCKINLEY St.

Country

BROWAR 1

Name

Street Address

5201

DOCUMENT # P96000072031

1. Corporation Name

EAGLE HOME INSPECTIONS, INC.

Principal Place of Business

2. Principal Place of Business 5201 MCKINLEY

DACUNHA, RICHARD

1335 NO 31ST ROAD

HOLLYWOOD FL 33021

Suite, Apt. #, etc.

City & State

1335 NO 31ST ROAD HOLLYWOOD FL 33021 Mailing Address

61 E

27

BROWARD 9. Name and Address of Current Registered Agent

1335 NO 31ST ROAD HOLLYWOOD FL 33021

2a. Mailing Address

Suite, Apt. #, etc.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90131 047 ***150.00

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_	Date Incorporated or Qualifed		0.7,	_				
э.	08/20/1996							
4.	FEI Number				Applied For			
	65-0690616		Ţ	\neg	Not Applicable			
5.	Certifcate of Status Desired			\$8.75 Additional Fee Required				
6.	Election Campaign Financing Trust Fund Contribution		•	\$5.00 May Be Added to Fees				
В.	This corporation owes the current year Intangible Personal Property Tax.				[No			
0.	Name and Address of New Registered Agent							
(P.O. Box Number is Not Acceptable)								
/	WOOD)	F	L_ 85	7	Socode /			
on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered								

office or re	to the provisions of Sections 607.0502 and 607.1508, Flo egistered agent, or both, in the State of Florida. Such cha in familiar with, and accept the obligations of, Section 60	ange was autho	orized by the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its r appointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature re	aulred when reinstating) DA	ATE	
12.	OFFICERS AND DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	☐ Addition
NAME	DACUNHA, RICHARD		1.2 NAME			
STREET ADDRESS	1335 NO 31ST ROAD		1.3 STREET ADDRESS	5207 MCKINLEY St	1	Ì
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	HOILYWOOD, FL. 33021		
TITLE	D	DELETE	2.1 TITLÉ	//	Change	☐ Addition
NAME	: DACUNHA, MARY		2.2 NAME		•	
STREET ADDRESS	1335 NO 31ST ROAD		2.3 STREET ADDRESS	5207 MªKINLEY St. NOILYWOOD, FL. 33021 5207 MªKINLEY St. HOILYWOOD, FL. 3302		Ì
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-ST-ZIP	HONYWOOD, FC. 3302	<u>/</u>	
TITLE		DELETE	3.1 TITLE	,	☐ Change	☐ Addition
NAME.			3.2 NAME			اسم حمد
STREET ADDRESS	والمنازي والمستشيرة منواء والمرابات	÷	3.3 STREET ADDRESS			
CiTY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS	,		ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TTTLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			ł
C/TY-ST-ZIP	and the share of the same that		6.4 CITY-ST-ZIP	in Section 118 07/2\(\text{ii}\) Florida Statutes I furth	all along the	<u> </u>

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 on an attachment with an address, with all other like empowered.