

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000076848 (6)**

1. Corporation Name

TRI-COUNTY RESIDENTIAL INSPECTIONS, INC.

Principal Place of Business

**1500 W CYPRESS CREEK RD
409
FT LAUDERDALE FL 33309
US**

Mailing Address

**1500 W CYPRESS CREEK RD
409
FT LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

65-0696257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **2038 NW 55 AVE**

Suite, Apt. #, etc.

22 **Margate, FL**

City & State

23 **33063**

Zip

Country

24 **Broward**

County

2a. Mailing Address

26 **2038 NW 55 AVE**

Suite, Apt. #, etc.

27 **Margate, FL**

City & State

28 **33063**

Zip

Country

29 **Broward**

County

9. Name and Address of Current Registered Agent

**URBANEK, JAMES
1500 W CYPRESS CREEK RD #409
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **Urbanek, James**
82 Street Address (P.O. Box Number is Not Acceptable)
2038 NW 55 AVE
83
84 City **Margate** FL 85 Zip Code **33063**

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

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

(NOTE: Registered Agent signature required when reinstating)

3-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **URBANEK, JAMES G**
STREET ADDRESS **1500 W CYPRESS CREEK ROAD, #409**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VP** ☐ DELETE

NAME **URBANEK, ROBERT J**
STREET ADDRESS **1500 W CYPRESS CREEK ROAD, #409**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **S** ☐ DELETE

NAME **URBANEK, DIXIE A**
STREET ADDRESS **1500 W CYPRESS CREEK ROAD, #409**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **T** ☐ DELETE

NAME **URBANEK, PATRICIA**
STREET ADDRESS **1500 W CYPRESS CREEK ROAD, #409**
CITY-ST-ZIP **FORT LAUDERDALE FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

James Urbanek (President)

3-27-98

(904) 978-9782

CR2E034 (10/97)