

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

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90023 029 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P96000076848

1. Corporation Name  
TRI-COUNTY RESIDENTIAL INSPECTIONS, INC.



Principal Place of Business  
2038 NW 55 AVE  
409  
MARGATE FL 33063  
US

Mailing Address  
2038 NW 55 AVE  
409  
MARGATE FL 33063  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9878 Liberty CT Suite, Apt. #, etc. 22		2a. Mailing Address 26 9878 Liberty CT Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 09/16/1996	
23 Boca Raton FL City & State Zip Country 24 33434 25 Palm Beach		28 Boca Raton FL City & State Zip Country 29 33434 30 PALM BEACH		4. FEI Number 65-0696257 Applied For Not Applicable	
9. Name and Address of Current Registered Agent URBANEK, JAMES 2038 NW 55 AVE MARGATE FL 33063		10. Name and Address of New Registered Agent 81 Name Urbanek James 82 Street Address (P.O. Box Number is Not Acceptable) 9878 Liberty CT 83 84 City Boca Raton FL 85 Zip Code 33434		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 resigning.)  
DATE 1-6-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URBANEK, JAMES G			1.2 NAME	URBANEK, James		
STREET ADDRESS	1500 W CYPRESS CREEK ROAD, #409			1.3 STREET ADDRESS	9878 Liberty CT		
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP	Boca Raton, FL 33434		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URBANEK, ROBERT J			2.2 NAME	URBANEK, Robert		
STREET ADDRESS	1500 W CYPRESS CREEK ROAD, #409			2.3 STREET ADDRESS	9878 Liberty CT		
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP	Boca Raton, FL 33434		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URBANEK, DIXIE A			3.2 NAME	URBANEK, Dixie		
STREET ADDRESS	1500 W CYPRESS CREEK ROAD, #409			3.3 STREET ADDRESS	9878 Liberty CT		
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP	Boca Raton FL 33434		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URBANEK, PATRICIA			4.2 NAME	URBANEK Patricia		
STREET ADDRESS	1500 W CYPRESS CREEK ROAD, #409			4.3 STREET ADDRESS	9878 Liberty CT		
CITY-ST-ZIP	FORT LAUDERDALE FL			4.4 CITY-ST-ZIP	Boca Raton FL 33434		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: James Urbanek 1-6-99 883-5112  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)