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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000005939

1. Corporation Name

ACE BUILDING INSPECTORS INC

Principal Plac		Mailing Address					-
132 NW 69TH TERRACE 132 NW 69TH TERRACE MARGATE FL 33063 MARGATE FL 33063							
MARION E LE SOCO					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
		P.			01/15/1997		_
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			65-0717772	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re		
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution .	Added to	o Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current year	ar Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No _
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registe	red Agent	
				1 Name			
CELESTI, ROSEMARIE:				2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	NW 69TH TERRACE		°	Street Addi	ess (F.O. Box Number is Not Acceptable)		
MARGATE FL 33063			8	3			
			8	4 City		FI 85 Zip C	code
office or i agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligate and accept the obligate signature, types or printed name of registered egen	Celesto	Kos	by the corporations. Corporations Graph	oration submits this statement for the purpos on's board of directors. I hereby accept the a e (2/e5 t/ d when reinstating)	ppointment as rec	gistered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	C AND DIDECTO	RS IN 12
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071 === 7 == 1			1.2 NAME	ŀ			
CITY, ST. 7IP	4392 NW 113TH TERRACE	Deterio	1.2 NAME	EET ADDRESS			
CITY-ST-ZIP	4392 NW 113TH TERRACE CORAL SPRINGS FL 33063	□ DELETE	1.2 NAME	E EET ADDRESS -ST-ZIP			
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90049 021 ***150.00

CR2E034 (11/98)