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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

(10/97

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013666 (7)

CONCISE INSPECTION SERVICE, INC.

Principal Place of Business Mailing Address 8811 NW 8 ST 8811 NW 8 ST PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/10/1997 2. Principal Place of Business 4. FEI Number 26. Mailing Address Applied For 65-0729651 26 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAO, JOHN 8811 NW 8 ST 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalting) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition RAO, JOHN P NAME 1.2 NAME 8811 NW 8 ST STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition PASZKIEWICZ, THOMAS W NAME 2 2 NAME 8811 NW 8 ST STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 2. 4 CITY - ST - ZIP dst DELETE TITLE Change Addition 3.1 TITLE MILO, JOHN L NAME 3.2 NAME 7790 NW 35 ST STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP 3.4. CITY- ST-7H DELETE THIF 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5 1 11TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 changed, or on an attachment with an address.