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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

DITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015678 (0)

ACCURATE HOME & BUILDING INSPECTIONS, INC. Principal Place of Business Mailing Address 15686 82ND TERRACE NORTH 15686 82ND TERRACE NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional Cortificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current vi Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROWN, TERRELL C 15686 82ND TERRACE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 84 City Zip Code 85 FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typest or pointed name of registered agent and bille if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFIE Change Addition TITLE 1.1 TO LE BROWN, TERRELL C 1.2 NAME NAME 15686 82ND TERRACE NORTH STREET ADDRESS 1.3 STHEET ADDRESS PALM BEACH GARDENS FL 33418 CITY - ST - ZIP 1.4 CITY - ST - 7/P DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 C(1Y - S1-Z(P Change DELETÉ Addition TITLE 3.1 TITLE NAME 3.2 NAMI 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 34. CITY-S1-ZIP DETFIE Change ☐ Addition TITLE 4.1.1016 NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CHY-ST-7/P DOTFIE Addition 6.1 TITLE TITLE NAME **6.2 NAME**

14. Thereby certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

FILED

Apr 14 1998 8:00am

Secretary of State