

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

FILED

**May 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048513 (0)
1. Corporation Name
WARD INSPECTIONS INC.



Principal Place of Business: 12008 CRANDON BLVD. KEY BISCAIYNE FL 33149
Mailing Address: PO BOX 490764 MIAMI FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11001 SEMINOLE TERR.		26 11001 SEMINOLE TERR		06/03/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 TEQUESTA FLORIDA		28 TEQUESTA, FLORIDA		65-0748961	
24 33469 25 USA		29 33469 30 USA		Applied For	
				Not Applicable	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WARD, JONAFEN
12008 CRANDON BLVD.
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81 Name	WARD, JONAFEN
82 Street Address (P.O. Box Number is Not Acceptable)	11001 SEMINOLE TERR
83	
84 City	TEQUESTA FL
85 Zip Code	33469

11. Pursuant to the provisions of Sections 607.0602 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, Florida Statutes.

SIGNATURE JONAFEN WARD (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE 4/9/98

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JONAFEN WARD	
STREET ADDRESS	11001 SE. SEMINOLE TERR.	
CITY-ST-ZIP	TEQUESTA, FL. 33469	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> DELETE
NAME	FRANCES WARD	
STREET ADDRESS	11001 SEMINOLE TERR	
CITY-ST-ZIP	TEQUESTA, FL, 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JONAFEN WARD	
1.3 STREET ADDRESS	11001 SE. SEMINOLE TERR	
1.4 CITY-ST-ZIP	TEQUESTA, FL. 33469	
2.1 TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANCES WARD	
2.3 STREET ADDRESS	11001 SEMINOLE TERR.	
2.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 JONAFEN WARD DATE 4/9/98

CR2E034 (10/97)