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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Jan 22 1998 8:00am Secretary of State

PLORIU	a Building Inspection	SERVICES,	1IVC-			
Principal Place of Business Mailing Address					a santindo tim iditiz idabit aditit dasti dasti dasti aditit jandi disat 1904 1911((40) 1901	
2102 SOUTHEAST CARNATION ROAD 2102 SOUTHEAST CARNATION						
PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 08/29/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				65-0777747 Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	_ _	27				Fee Required
City & State	9 ·	City & State				Election Campaign Financing \$5.00 May Be
Zip Country 28			Zip Country			Trust Fund Contribution
24	25]	7ip Country 30		У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
[24]	9. Name and Address of Curre			<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
AU	ERILAWYER CHARTERED			81	Name	19, Stand with Hantons of 1991 (109) state of Agent
	ALMERIA AVENUE				W.	ayne borsen
CORAL GABLES FL 33134				62		ress (P.O. Box Number is Not Acceptable)
COME CAPLES PE 33 134				83	2102	
					8094	Strucie, FL 34952
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abouffice or registered agent, or both, in the State of Florida, Such change was authorized.					 e-named corporation 	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE !	Signature typed or printed name of registered as	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>حديم بيبا</u>	Posicional Act	ant cianatura require	red when reinstating) DATE
12,		ND DIRECTORS	0. (11312.1	13.	on agna or require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD		DELETE	1.1 TITLE		Change Addition
NAME	LARSEN, WAYNE			1.2 NAME		
STREET ADDRESS 2102 SOUTHEAST CARNATIO		ON ROAD	n road		ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952			1.4 CITY - ST - ZIP		
TITLE			DELETE	21 THLE		Change Addition
NAME				2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP				2. 4 CiTY - 1	ST - ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3 2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY - 5	ST-ZIP	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S	ST - ZIP	
TITLE			DELETE	5 1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY-S	T- ZIP	
	artifu that the information cumplind u	with this filing dog	s not qualify for t			Section 110 07/2\(ii) Elerida Statutos I buthor cartifuthat the information

receive certify that the information supplied with this filling does not quality 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.