Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90005 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9800001	12534
A Commence Management	1 00000	~.

Corporation	OTA HOME INSPECTIONS,										
Principal Place	e of Business	Mailing Address					1,44				
7316 MANATEE	AVENUE WEST	7316 MANATEE AVENUE	WEST	•							
SUITE 239 SUITE 239							DO NOT W	DITE IN THI	S SPACE	•	
BRADENTON FI	L 34209	BRADENTON FL 34209					3 Date Incorr	orated or Qualife		0 01 7102	
							02/06/19		-		
2 Principal D	Place of Business	2a. Mailing Address					4. FEI Numbe			Api	plied For
	ace of business	26						08185	745	 	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.								\$8.75 A	dditional
22	,	27					5. Certificate of	f Status Desired		Fee Re	quired
City & Stat	te	City & State					6. Election Ca	mpaign Financin	9 5	\$5.00	May Be
23	•	28 _						Contribution		Added.to	o Fees -
Zip	Country	Zip		Countr	y			ation owes the cu	ırrent year l		□No
24	25 C	29	30					roperty Tax. Address of New	Registere		
	9. Name and Address of Curre	nt Registered Agent		81	Nan	ne	To. Italie und	7.00.00			-
SEIM	M. ANDREW										
	3RD AVENUE, N.W.			82	2 Stre	et Addre	ess (P.O. Box Nur	nber is Not Acce	otable)		
	DENTON FL 34209			83							
£				84	City				F	85 Zip C	Code
·		02 and 607 1509 Florida Stat		<u> </u>				s statement for th		of changing its	registered
11 Dureught			wes. v	ne abov	e-name	ва согос	oration submits thi	2 Statellions for th			
11. Pursuant office or re	egistered agent, or both, in the	of Florida. Such change was	iules, ir s author	rized by	e-name the co	ed corpo rporatio	n's board of direct	tors. I hereby acc	ept the app	pintment as reg	gistered
	to the provisions of Sections 607.050 egistered agent, or both, in the same m family with, and a section of grant and gra	of Florida. Such change was attorpoof, Section 607.0505, F	authorida	rized by Statute:	re-name the cost.	ed corporatio	n's board of direct	tors. I hereby acc	ept the app	ointment as reg	gistered
office or reagent. I as	11 / 2		<i>, </i>	NO	REV	<u>v</u>	when reinstating)		DATE	77	
	Signature, typed or printed name of registered age		<i>, </i>	NO	REV	<u>v</u>	when reinstating)	CHANGES TO C	DATE	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE: Regis	stered Age	REV	ire required	when reinstating) ADDITIONS	CHANGES TO C	DATE	77	
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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 appears in 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.

6.4 CITY-ST-ZIP

SIGNATURE: