PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. corporatio	MENT # P98000 OUT REAL ESTATE INSPEC									
Principal P ac	e of Business	Mailing Address				1550	ja) va ali oulai ((MAIN IRIN) EIAN	e divin 1881 1881	
3914 W OBISP		3914 W OBISPO ST TAMPA FL 33629								
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					09/08/	orporated or Qualifed				
Principal Place of Business The Principal Place of Business		2a. Mailing Address			4. FE! Num			Ap	villed For	
		26			59-3533283			No	t Applicable	
Suite, Act.	#, etc.	Suite, Apt. #, etc.				e of Status Desired			A ditional	
22		27		· -~	JCerbica.			Fee Re	ortuired	
City & Stat	te	City & State			1	Campaign Financing			May Be	
23		28 Zin	Coun			nd Contribution			to Fees	
Zlp	Country	Zip	30	. ,		poration owes the cum I Property Tax.	ent year int	angible Ves	DN6	
24	9. Name and Address of Curren		1301			nd Address of New R	Register: d		43,	
	3. Halito Bild Paul Good Or Colifor			Name						
HOS	SLER, MATTHEW P		<u> </u>	2 Street Avid	Irece /P O Box I	Jumber is Not Accents				
3914 W OBISPO ST			[82 Street Address (P.O. Bo) Number is						
TAM	IPA FL 33629		[7	33			-			
			<u> -</u>	34 City				85 Zip (Code	
				,			<u> FL</u>	1 1		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statt.	les, the ab	ove-named or q	poration submi s ion's board of dir	this statement for the ectors. I hereby accep	purpose of at the apt oil	changing its ntment as re	registered gistered	İ
agent. la	am familiar with, and accept the obliga	tions of Section 607.0565, FI	xrida Statut	eş.			,	,	- I	
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<u></u> _	Signature of people printed na ne of registered ager	of and the ill applicable (NOT	E: Registered A	RESIZE	red when reinstating)		DATE	199		(85)
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14. I hereb / certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(1). Florida Statutes. I further cartify that the information indicated on this annual report or trustee empowered to react and that my signating 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 recuired 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. CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90281 008 ***150.00