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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000107204

REAL PROPERTY INSPECTIONS, INC.

Principal Place of Business Mailin		Mailing Address		I (BOUSTOLLIA INDIA) (DIST DOSTI TOTAL BOLOS INDIA	BOILT 19618 TIBIS BOLL GLOL JOOL
994 LAKE DESTINY RD., SUITE C		994 LAKE DESTINY RD., SUITE C			
ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 3271	4 -	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	1
				12/22/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3546435	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Clares Desired	Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country □□□	Zip	Country	 This corporation owes the current year I Personal Property Tax. 	ntangible
24	9. Name and Address of Current	29 30	<u>'I</u>	10. Name and Address of New Registere	
	5. Name and Address of Current	registered Agent	81 Name	1 Granata	
BRAE	BB, JOHN H III			shn forrester	
994 LAKE DESTINY RD., SUITE C				iress (P.O. Box Number is Not Acceptable) O Nottoway The	
ALTAMONTE SPRINGS FL 32714			83	Cheriotaly her	
					Tin Code
			84 City Ma	ritland . F	L 85 Zip Code 3275/
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose	of changing its registered
office or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligati	or Florida. Such change was auth ions of Section 607.0505, <u>Fl</u> orida	iorized by the corporat a Statuţes.	ion's board of directors. I hereby accept the app	Onlument as registered
SIGNATURE			ester	4-7	0-99
	Signature, typed or printed name of registered agent		gistered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS A	AND DIDECTORS IN 12
12,	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE NAME	BRABB, JOHN H III	E beceite	1.2 NAME		
			1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP		} ;
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	FORRESTER, JOHN V		2.2 NAME		
STREET ADDRESS	994 LAKE DESTINY RD., SUITE	C I	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TMLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	;		3.3 STREET ADDRESS		
CITY-ST-ZIP		□ ACI ETC	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Moditori
NAME		· · · * - · · · · · · · · · · · · · · · · · · 	4.2 NAME		
STREET ADDRESS	5	*	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 		4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS	.[5 A STREET ADORSES		1
	il		5.3 STREET ADDRESS		1
CITY-ST-7IP	3		5.4 CITY-ST-ZIP	_	
CITY-ST-ZIP TITLE		DELETE	ll i		☐ Change ☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C/TY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90038 024 ***150.00