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

Mailing Address

14121 HARPERS FERRY ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$72099**

1. Corporation Name

Principal Place of Business

1412 HARPERS FERRY ST

E. F. INSPECTIONS, INC.

14121 HARPERS DAVIE FL 33325	FERRY ST.	SUITE 1 DAVIE FL 33325				DO NOT WRITE IN THIS SPACE				
US		US.		_		3.	Date Incorporated or Qualified 08/09/1991	-		
2. Principal Pla	2a. Mailing Address	iling Address			4.	FEI Number		Apr	lied For	
21	747	26	26				65-0272916	i	Not	Applicable
Suite, Apt. i	ŧ, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Certificate of Status Desired			dditional
22		27				3.	Certificate of Status Desired	, F	ee Red	quired
City & State	}	City & State	City & State			6.	Election Campaign Financing	ւ \$5	5.00 r	May Be
23		28					Trust Fund Contribution	Ar	dded to	Fees
Zip	Zip Country Zip			Country			This corporation owes the current y			1/
24	25 29 30			Personal Property Tax.						<u>V</u> No
Name and Address of Current Registered Agent						10.	Name and Address of New Regis	stered Agent		
E 4 24 11	TD FDIO			31	Name					-
FAINER, ERIC				82 Street Address (P.O. Box Number is Not Acc						
14121 HARPERS FERRY ST. DAVIE FL 33325										
DAVI	E FL 33325			33						
			8	34	City	-		FL 85	Zip C	ode
office or re	edistered agent or both in the Sta	502 and 607.1508, Florida Statute te of Florida. Such change was au gations of, Section 607.0505, Flori	tnorizea t	วง เท	named corporation	oration on's bo	n submits this statement for the purposed of directors. I hereby accept the	ose of changi appointment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered	(NOTE:	Desintared A	cont o	signature required	nd vehan r	reinstating)	DATE		
12.		AND DIRECTORS	13.	gonta	ngrazore requirer		ADDITIONS/CHANGES TO OFFICE		ECTO	RS IN 12
TITLE 1	D	DELETE	1.1 TITLE					□ch		☐ Addition
NAME	<u> </u>			1.2 NAME						
STREET ADDRESS	14121 HARPERS FERRY ST				DDRESS					
	DAVIE FL		1	1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				2.1 TITLE				□ Cr	nange	Addition
NAME			2.2 NAME							
				2.3 STREET ADDRESS						İ
STREET ADDRESS			2. 4 CITY-S							
CITY-ST-ZIP TITLE	☐ DELETÉ			3.1 TITLE				□ Ct	nange	Addition
NAME			3.2 NAM							
					NODRESS					
STREET ADDRESS			3.4. CIT							i
CITY-ST-ZIP		☐ DELETE	4.1 TITL		ZIP			□ Ch	iange	Addition
	~		4. 2 NA							_
NAME					ADDRESS					
STREET ADDRESS			4 4 CITY		1					
CITY-ST-ZIP	•	□ DELETE	51 TITL		ZIP		10-	∏ CF	nange	Addition
TITLE		- Otter	5.2 NAM					_	-	_
NAME					ADDRESS					'
STREET ADDRESS			5.4 CITY		į					
CITY-ST-ZIP	<u></u>	☐ DELETE	6.1 TITL					ПС	hange	Addition
TITLE		_ one	6.2 NAN						•	
NAME					ADDRESS					
STREET ADDRESS			0.3 SIR	CC! A	ו מפשאת					

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

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 attackment with an address, with all other like empowered.

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

05-10-1999 90181 009 ***150.00