FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90075 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

i. Corporati	JMENT # S79078 TY INSPECTION PLUS, INC.	3				
Principal Pla	ace of Business	Mailing Address			BIRNI ALBAN DIBIN BIRNI	DIEN 81811 1881
3700 BENSON AVENUE N. 3700 BENSON AVENUE N.						
ST. PETERSBI	URG FL 33713	ST. PETERSBURG FL 3371	3			
				DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		
2 Principal	Place of Business	2a. Mailing Address		09/10/1991 4. FEI Number		
21	Tiose of Eddinoss	2a. Maining Address		4. FEI Number 59-3075407	— — — '	pplied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	38-30/340/		ot Applicable
22		27		5. Certifcate of Status Desired		Additional equired
City & Sta	ate	City & State		6. Election Campaign Financing		·
23		28		Trust Fund Contribution		-May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		
24	25	29	30	Personal Property Tax.	☐ Yes	☑No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Regist	ered Agent	
HEV	ves, fred		81 Name			
3700 BENSON AVENUE N.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33713						
• • • • • • • • • • • • • • • • • • • •			83	·		
			84 City		85 Zip 6	Code
			1 1 -		FL ** - *	
11 Dureuant	t to the provisions of Sections 607 0500	2 CO7 4500 Ft				
11. Pursuant office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida. Such change was au	es, the above-named cor otherized by the corporate	rporation submits this statement for the purpor	se of changing its	registered
	A A	2 and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flor	es, the above-named cor uthorized by the corporal ida Statutes.	rporation submits this statement for the purpor tion's board of directors. I hereby accept the a	se of changing its appointment as re	registered gistered
11. Pursuant office or agent. I a	Fred Heer	ERES	Herwes	2/8/9	se of changing its appointment as re	registered gistered
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	HETWES Registered Agent signature requir	2/8/90 (Ined when reinstating)	se of changing its appointment as re	
SIGNATURE	Fred Heer	and title if applicable. (NOTE:	Registered Agent signature requi	2/8/9	se of changing its appointment as re	PRS IN 12
SIGNATURE	Fignature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requit 13. 1.1 TITLE	2/8/90 (Ined when reinstating)	se of changing its appointment as re	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND ACQUAFRESCA, MICHAEL W.	and title if applicable. (NOTE:	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME	2/8/90 (Ined when reinstating)	se of changing its appointment as re	PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W.	and title if applicable. (NOTE:	Registred Agent signature required 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	2/8/90 (Ined when reinstating)	se of changing its appointment as re	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N.	and title if applicable. (NOTE:	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME	2/8/90 (Ined when reinstating)	se of changing its spointment as re S AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N.	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2/8/90 (Ined when reinstating)	se of changing its appointment as re	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if applicable. (NOTE: D DIRECTORS	Registred Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	2/8/90 (Ined when reinstating)	se of changing its spointment as re S AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	2/8/90 (Ined when reinstating)	se of changing its spointment as re S AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	2/8/90 (Ined when reinstating)	se of changing its spointment as re S AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if epolicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2/8/90 (Ined when reinstating)	se of changing its appointment as re	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if epolicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	2/8/90 (Ined when reinstating)	se of changing its appointment as re	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if epolicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	2/8/90 (Ined when reinstating)	se of changing its appointment as re	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	and title if epolicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	2/8/90 (Ined when reinstating)	se of changing its appointment as re	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	Land title if applicable. (NOTE: D DIRECTORS DELETE DELETE	Registered Agent signeture requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2/8/90 (Ined when reinstating)	se of changing its population of the population	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	Land title if applicable. (NOTE: D DIRECTORS DELETE DELETE	Registered Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	2/8/90 (Ined when reinstating)	se of changing its population of the population	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	Land title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	2/8/90 (Ined when reinstating)	se of changing its population of the population	PRS IN 12 Addition Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	Land title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registred Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	2/8/90 (Ined when reinstating)	se of changing its ippointment as re	PRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD ACQUAFRESCA, MICHAEL W. 527 31ST AVE. N. ST. PETERSBURG FL	Land title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registred Agent signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	2/8/90 (Ined when reinstating)	se of changing its ippointment as re	PRS IN 12 Addition Addition Addition
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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.