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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

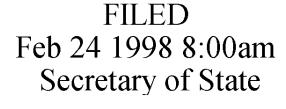
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name S82802

(7)

Mailing Address

FLORIDA HOME INSPECTIONS, INC.





52 W OAKLAND PARK BLVD #105 WILTON MANORS FL 33311 US		#105	WILTON MANORS FL 33311		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1991		
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0284362	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	ry	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes	
	g. Name and Address of	Current Registered Agent			10. Name and Address of New Registered A	gent	
GE	ROW, JEFFREY S		8	1 Name			
4800 NO FEDERAL HWY STE 306B			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
ВО	CA RATON FL 33487		83	3			
			84	1 City	Fi	85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE							
Storeture, typed as profind name of prosphered assent and third applicable (NOTE Broistered Agent supplure required when reinstating). DATE							
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE			☐ Change ☐ Addition 은	
NAME	MCFARLAND, JODY L		1.2 NAME			 	
STREET ADDRESS			1.3 STREE	T ADDRESS		EG	
CITY-ST-ZIP	WILTON MANORS FL 1.4 CI		1.4 CITY-	ST-ZIP		DIRECTORS IN 12 Change Addition Change Addition	
TITLE	DELETE 2.1 TI		2.1 TITLE			Change Addition O	
NAME	1 221		2.2 NAME			-	
STREET ADDRESS	DRESS 2		2 3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	- ST- ZIP			
TITLE		☐ DELETE	3 1 TITLE		i	Change Addition	
NAME			3.2 NAME	i			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	· ST - ZiP	•		
TITLE		☐ DELETE	4.1 TITLE		ι	Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			44 CITY-	ST-ZIP			
TITLE		DELETE	5 1 TITLE	İ	ι	Change Addition	
NAME			52 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY-ST-ZIP			5 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	61 TITLE		L	Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
0.71 07 70			C 4 D(T)	I		1	

6.4 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 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.