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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% RICHARD OTTO

2330 MONTANA ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K95948

(1)

Mailing Address

% RICHARD OTTO

2330 MONTANA ST

RENOVATIONS OF CENTRAL FLORIDA INC.

CURPHINGS LES	/2000		ONDHINO FE P	CHILARDO PE 32003-2137								
	-							3. Date Incorporated or Qualified				
2. Principal Pla	ace of Bus-		2a. Mailing Ad	2a. Mailing Address				4. FEI Number			olind For	
21			26					4. FEI Number Applied For 59-2954131 Not Applicable				
Suite, Apt. 4	#, etc.			Suite, Apt #, etc.						\$8.75		
22			27	27				5. Certificate of Status Desired		Fee Re		
City & State)		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		·	28	ļ\				Trust Fund Contribution Added to Fees				
Zip	ļ	Country Zip			Country	1		8. This corporation has liability for			. 199.032,	
24	25 29 30								Yes [
			rrent Registered Agent	<u>t</u>	81	10. Name and Address of New Registered Agent						
	o, richar				611	81 Name						
2330 MONTANA ST						82 Street Address (P.O. Box Number is Not Acceptable)						
ORL	ANDO FL	32803			83	<u>.</u>						
i					[65]	1_						
						1	City		FL	85 Zip (Code	
11. Pursuanit t	to the provis	ions of Sections 607.	.0502 and 607.1508, Flc	orida Statutes	the abov	L	named corpo	ration submits this statement for the p	urnose of	changing it	s registered	
office or re	egistered ag	gent, or both, in the St	State of Florida. Such cha	ange was auth	thorized by	v tr	ne corporatio	on's board of directors. I hereby accep	ot the app	ointment as	registered	
-	agent. Lan' familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Skipature, type-c	d or pareted name of registered	d agent and title if applicable	(NOTE: F	Applistered Ap	eni r	signature required	d when re-instating)	DATE			
12.			AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
T+TLE	PDT DELETE				1.1 TIFLE	_				Change	Addition	
NAME	OTTO, R	ICHARD		ļ	1.2 NAME							
STREET ADDRESS		NTANA ST		1	1.3 STREET	T AD)DRESS					
CITY-S1-7:P	ORLAND			1	1.4 CITY -S	ST-7	ZIP					
TITLE				DELETE	21 TITLE					Change	Addition	
NAME				1	2.2 NAME							
STREET ADDRESS				,	2.3 STREET	[AD	DDRESS		-			
CITY-S1-ZIP				!	2. 4 CITY - S	ST-	ZIP					
TiTLE				DELETE	3.1 TITLE	_		-		Change	Addition	
NAME				1	3.2 NAME							
STREET AODRESS				1	3 3 STREET	F AD)DRESS					
CITY-ST-7IP					3.4. CITY - 9	sr-	ZIP					
TITLE				DELETE	4.1 TITLE					Change	Addition	
NAME				1	4. 2 NAME	:						
STREET ADDRESS				J	4.3 STREET	T AD	odress					
CITY - ST - ZIP					4.4 CiTY-S	ST-	ZIP					
TITLE				DELETE	51 TITLE					Change	Addition	
NAME				1	5.2 NAME							
STREET ADDRESS				1	53 STREET	T AD)DRESS					
CITY - ST - ZIP	.				54 CITY-S	ST-7	ZIP					
TITLE				DELETE	61 TITLE					Change	Addition	
NAME				1	62 NAME							
STREET ADDRESS				1	63 STREET	T AD)DAESS					
CITY - ST - ZIF					6.4 CITY - S							
14. I do hereb	by certify that indicated	it the information supr	plied with this filing does	s not qualify f	for the exe	emp	ption stated i	in Section 119.07(3)(i), Florida Statute	s. I furthe	r 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											ame	