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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93

P93000041202 (1)

HOMEWORKS BUILDING SERVICES, INC.

Principal Place of Business Mailing Address 18345 SW 256 ST. 18345 SW 256 ST. HOMESTEAD FL 33031 HOMESTEAD FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0429677 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Ovaska, mary 18345 SW 256 ST. 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33031 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida 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 Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE OVASKA, MARY NAME 1.2 NAME 18345 SW 256 ST. STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 33031 CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE OVASKA, RONALD NAME 2.2 NAME 18345 SW 256 ST STREET ADDRESS 23 STREET ADDRESS **HOMESTEAD FL 33031** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Chance Addition **OVASKA, PETER** NAME 3.2 NAME 18345 SW 256 ST STREET ADDRESS 3.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE OVASKA, MICHAEL NAME 4.2 NAME 18345 SW 256 ST. 4.3 STREET AODRESS STREET ADDRESS **HOMESTEAD FL** CITY-ST-7IP 4.4 CITY-ST-7IP DELETE Change 5.1 FITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.9 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-2IP

14. Thereby 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 of 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 chapted, or on an attachment with an address.