SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JUL 10 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056214 (7)

1. Corporation Name

[redacted] HOME MAINTENANCE SERVICE, INC.

Principal Place of Business	Mailing Address
4014 CHASE AVE. SUITE 202 MIAMI BEACH FL 33140	4014 CHASE AVE. SUITE 202 MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report: 08/03/1995
4. FEI Number: 65-0202266 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 402621
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State: Miami Beach, Fl
24 Zip / 25 Country	29 Zip: 33140 / 30 Country: USA

9. Name and Address of Current Registered Agent

ESKRIDGE, GERTRUDE B
5750 COLLINS AVE.
MIAMI BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name: Jack Silverman
82 Street Address (P.O. Box Number is Not Acceptable): 3980 Oaks Clubhouse Dr.
83 Bldg. 79, Apt. 406
84 City: Pompano Beach FL 85 Zip Code: 33069

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: [signature] 7-5-96 DC 7/16/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☑ DELETE
NAME	ESKRIDGE, GERTRUDE B	
STREET ADDRESS	5759 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VT	☐ DELETE
NAME	SILVERMAN, JACK	
STREET ADDRESS	3980 OAKS CLUBHOUSE DR., BLDG. 79, APT 406	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	☒ Change ☐ Addition
1.2 NAME	Silverman, Jack	
1.3 STREET ADDRESS	3980 Oaks Clubhouse Dr. Bldg. 79, Apt 406	
1.4 CITY-ST-ZIP	Pompano Beach, Fl 33069	
2.1 TITLE	VT	☐ Change ☒ Addition
2.2 NAME	Silverman, Sylvia	
2.3 STREET ADDRESS	3980 Oaks Clubhouse Dr. Bldg. 79, Apt 406	
2.4 CITY-ST-ZIP	Pompano Beach, Fl 33069	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	-07/23/96--01024--001	
3.3 STREET ADDRESS	****225.00 ****225.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jack Silverman PRES. 7-5-96 (305) 532-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #