

FILE NOW: FILING FEE AFTER MAY 1 IS \$560.00

Amended Annual Report 61.25

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 11 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000024472 (9)

1. Corporation Name
HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.

Principal Place of Business
**11327-43 STREET NORTH
CLEARWATER FL 34622**

Mailing Address
**11327-43 STREET NORTH
CLEARWATER FL 34622-4823**

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3307835		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

D. SALVATORE, ANGELO J
**11327-43 STREET NORTH
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISALVATORE, ANGELO J	1.2 NAME	Richard J. Fabrizi
STREET ADDRESS	11327-43 STREET NORTH	1.3 STREET ADDRESS	11327 - 43rd Street N.
CITY - ST - ZIP	CLEARWATER FL 34622	1.4 CITY - ST - ZIP	Clearwater, FL 34622
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, LAURA	2.2 NAME	
STREET ADDRESS	11327-43 STREET NORTH	2.3 STREET ADDRESS	300002145053--B
CITY - ST - ZIP	CLEARWATER FL 34622	2.4 CITY - ST - ZIP	-04/16/97--01065--020
TITLE	VP <input type="checkbox"/> DELETE	2.5 CITY - ST - ZIP	*****69.75 *****69.75
NAME	MARCIANO, FRANK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11327-43RD STREET NORTH	3.2 NAME	
CITY - ST - ZIP	CLEARWATER FL 34622	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Frank Q. Marciano U.P.** 4/10/97 818 577-2469

CR2E034 (9/96)