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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000053901 (0)

EXTERIOR ESTATE SERVICES, INC.

Principal Place of Business

1561 WEEPING WILLOW COURT KISSIMMEE FL 34744

Mailing Address

1561 WEEPING WILLOW COURT KISSIMMEE FL 34744-2826

**FILED** Apr 16 1997 8:00am Secretary of State



MODIMET IF	. 94/44	MODIMMED IT 04/44505	EV					
					3. Date Incorporated or Qualified 06/24/1996	<b>3a.</b> D.	ite of Last	Report
	Place of Business	2a. Malling Address		,	4. FEI Number		/	Applied For
21 305	E. TROPICANA C	T 26 305 E. T	ROPIC	ANA C	T. 59-3388389		1	Vol Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		· -	Additional Required
City & State	SIMMER, FL	City & State  28 KISSIM	MEE.	FL	Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
34741	Country	Zip 29 34741	Count	EOLA	8. This corporation has liability for Florida Statutes	intangible Yes		s. 199.032,
	9. Name and Address of Current				10. Name and Address of New Re	gistered	Agent	
TAR	RENCE, H G JR.		8	1 Name				
1561	1 WEEPING WILLOW COURT SIMMEE FL 34744		8	2 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
t NOC	NMMEC FL 04/44		8	3		· <del>-                                    </del>		
			8	4 City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was	s authorized t	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of ot the app	changing ointment a	its registered is registered
DIGNATURE	Signature, typed or printed name of registered agent	and tile if applicable (NC	OIL: Registered A	gent signature rec	quired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TUTUE				Change	Addition
NAME	TARRENCE, H G JR.		1.2 NAME	:				
STREET ADDRESS	1581 WEEPING WILLOW COUR	7	1.3 STREI	ET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 Cilly-	ST-ZIP				
TITLE		DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME	:				
STREET ADDRESS			23 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY	- SI - ZIP				
TITLE		DELE1É	3.1 TITLE			<del>,</del>	☐ Change	☐ Addition
NAME			3.2 NAME	1		2.		
STREET ADDRESS			3.3 STREE	T ADDRESS	.,	•		
CITY-ST-ZIP			3.4, CITY-					
TITLE		DELETE	4.1 THLE				Change	Addition
NAME		-	4. 2 NAMI	<u>.</u>				
STREET ADDRESS				T ADDRESS		•	•	
CITY-ST-ZIP			4.3 STACE					
TITLE		DELETÉ	5.1 TITLE	51-41			Change	Addition
NAME			5.2 NAME	}				
STREET ADDRESS				J				
				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CHY-	SI-ZIP			Change	Addin-
TITLE		☐ offet	6.1 TITLE	1			□ ∩usuge	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	1 ADDRESS				
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-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.5 Concerning 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 logal effect as if made under oath; that a man 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.

Sidney Domarin