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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # H19852

(3)

Mailing Address

MAJOR IMPROVEMENTS, INC.

**FILED** Jun 19 1997 8:00am Secretary of State

	TATAL BILLE SERI BERGE	BIGH GIBH RIGH GIBI	

13701 8W 100 TERR. Miami Fl 33186 US	13701 SW 100 TERR. MIAMI FL 33188-6838 US			
•	Sulfo, Apt. #, etc.   Sulfo, Apt. #, etc.   City & State   State   Country   Country   State   Sulfo, Apt. #, etc.   Sulfo, Apt. #, etc.   Sulfo, Apt. #, etc.   State   State	3a. Date of Last Report 04/15/1996		
2. Principal Place of Business 21 /255/ SW 87 PL	والمراجع ومسم مستحرين السا	37 PL	1	Applied For Not Applicable
Suite, Apt. #, etc.	<del>                                     </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 MIAMI FL			1	\$5.00 May Be Added to Fees
Zip Country 24 33176 25 USA		·	1 ' <del>-</del>	_ ~
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
KANAR, STEPHEN P.		81 Name		
1103 EAST ROBINSON ST. ORLANDO FL 32801		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
	•	83		•
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove-named corporation	pration submits this statement for the pon's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered

office or re agent. I ar	agistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	n charige was auir in 607.0505, Florid	iorizeo by the corp a Statutes.	poration's poard or directo	ors. Thereby accep	or the app	omment as	registered
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicat	ole (NOTE: Br	onistereo Agent signature	required when reinstaling)		DATE		
12.	OFFICERS AND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·	IANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	F	DELETE	1.1 TITLE				Change	Addition
NAME	MCKINNEY, EDWIN D.		1.2 NAME	_				l
STREET ADDRESS	13701 SW 100 TERR.		1.3 STHEET ADDRESS	. * ♥		•		ŀ
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZiP					
TITLE	VP	DELETE	2.1 1ITLE				Change	☐ Addition
NAME	MCKINNEY, EDWIN D		2.2 NAME					
STREET ADDRESS	13701 SW 100 TERR.		23 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CHY-ST-ZIP					
TITLE	81	DELETE	3.1 TITLE				Change	☐ Addition
NAME	MCKINNEY, EDWIN D		3.2 NAME					
STREET ADDRESS	13701 SW 100 TERR.		3.3 STREET ADDRESS					•
CITY-ST-ZIP	MIAMI FL 33188		3.4. C(1Y-ST-7IP		~ <b>_</b>			
TITLE		☐ DELETE	4.1 TIBLE				Change	Addition
NAME			4. 2 NAME					. 1
STREET ADDRESS		,	4.3 STREET ADDRESS	•		•		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	••.		5.2 NAME					
STREET ADDRESS	*	·	5.3 STREET ADDRESS					1
CITY-ST-ZIP	• •	•	5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					.
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		<del> </del>			

14. I do hereby 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 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 atlachment with an address.