

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # J52375

(9)

1. Corporation Name

WARING REMODELING, INC.

55 MAY - 1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1233 45TH ST
STE 3
WEST PALM BEACH FL 33407
US

Mailing Address

1233 45TH ST
STE 3
WEST PALM BEACH FL 33407
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0050492

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NEWMAN WILLIAM DAVID JR
ONE FINANCIAL PLAZA
STE 262B
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Agent (Print Name) (Typed Name) (Typed Name) (Typed Name)

Signature Agent (Print Name) (Typed Name) (Typed Name) (Typed Name)

(Date)

12. OFFICERS AND DIRECTORS

PD
BASKIN DOUGLAS
1233 45TH STREET
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

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(2)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 checked, with an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/28/95

407-845-2241