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

DOCUMENT # K49149

(3)

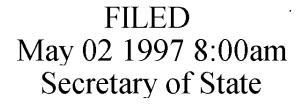
UNITED HOME SERVICES, INC.

(0

Principal Place of Business

12329 N.W. 35TH ST CORAL SPRINGS FL 33065 Mailing Address

12329 N.W. 35TH ST CORAL SPRINGS EL 33065-3





CORAL SPRING	38 FL 33065	CORAL SPRINGS FL 330	65-2401						
,			<u> </u>			3. Date Incorporated or Qualified 12/05/1988		te of Las 29/199	•
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 Cuito Ant	# oto	26				65-0086368			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	6	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	Zrp 29	30	ntry		8. This corporation has liability for i	ntangible Yes [er s. 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered /	- Agent	
· WH	TE, ROBERT A.			81	Name				
	1 UNIVERSITY DR		}	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	TE 600 VAL SPRINGS FL 33071		Ĺ	83		1005 (F.O. BOX Mulliber 15 NOT Acceptab			
, 	AL GENINGO I E SSUI I		Į	84	City			85 Z	ip Code
					,	poration submits this statement for the p	FL	1 1	,
agent I a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age	of Florida. Such change was alions of, Section 607.0505, F	authorižec Iorida Stati	t by ites	the corporal i.	ion's board of directors. Thereby accepted when reinstating)	DATE	ointment	as registered
12.	OFFICERS AN		13.	- igc	T. Organica region	ADDITIONS/CHANGES TO OFFIC		DIBECT	OBS IN 12
TITLE	PD	DELETE	1.1 113	LE		7.0011101101011111111111111111111111111	LIIO AIID	Chanc	
NAME	MAHLER, ROBERT S.		1.2 NA	Мί					,
STREET ADDRESS	12329 N.W. 35TH ST		1.3 STE	REFT.	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CH	Y - S1	1-ZIP				
TITLE	VSD	DELETE	2 1 TIT	LE				Chang	ge Addition
NAME	HOFFER, ALLEN R.		2 2 NA	ME	[
STREET ADDRESS	12329 N.W. 35TH ST		23 ST	AFFT.	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		2 4 CF	1Y-S	1 - ZIP				
TITLE		☐ DELETE	3 1 1 1 1	LE			۲.	☐ Chang	je 🔲 Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3351	HEFT .	ADDRESS				
CITY-ST-ZIP		DI-1776	3 4, C11		1 - ZIP				
TITLE		DELETE	4.1 TITI					Chang	ge
NAME OVERET ADDRESS			4. 2 NA						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C(1 5.1 1)1		1 - 211'			Chang	je [] Addition
NAME		_ viii ii	5.2 NA					L VIIAN	to E''1 woniinii
STREET ADDRESS					ADDRESS				
City-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 Till					Chang	e Addition
NAME		****	6.2:NA					Viding Viding	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CIT						
		 	J. 0.7 (01)	. 31	L 11				

4. 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 attachment with an address