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

PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		DI	Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
1. Corporation	MENT # K778 Y-DO HANDYMAN SERVI		(6)			1 18819 IN SH 1881 1889 1814 Shire Shire	(8 8 8 18 18 18 18 18 18	
Principal Place of Business 2225 PARK PLACE BOCA RATON FL 33486		-	Mailing Address 2225 PARK PLACE BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 04/05/1989		
2. Principal F	Place of Business	2a. Mailing A	doress			4. FEI Number 65-0113513	Applied For Not Applica	
Sulte, Apt.	#, etc.	Suite, Ap	t. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	е	City & Sta	ile			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zip	Т	Country		Trust Fund Contribution 8. This corporation owes or has pa	Added to Fees	
24	25	29		30		Personal Property Tax due June	e 30. 🔲 Yes 🔲 No	
AV	9, Name and Address of Cu	irrent Registered Age	<u>nt</u>	81	Name	10. Name and Address of New Re	gistered Agent	-
	ers, Eugene 25 Park Place			82	Street Add	ress (P.O. Box Number is Not Acceptal	hle)	
	CA RATON FL 33486			[
				83]
				84	City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, F	lorida Statutes hange was au	the above	e-named corp the corporal	poration submits this statement for the particular tion's board of directors. I hereby acce	ourpose of changing its register pt the appointment as registere	red od
SIGNATURE]
12.	Signature, typed or printed name of registers OFFICERS	AND DIRECTORS	(NOTE:	Rog stered Age	nt signature roquii	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
TITLE	PST		DELETE	1.1 TITLE			☐ Change ☐ Addi	ition
NAME	AYERS, EUGUENE			1.2 NAME				
STREET ADDRESS	2225 PARK PLACE			1.3 STREET				
CITY-\$T-ZIP TITLE	BOCA RATON FL		DELETE	1.4 CITY - S 2.1 TITLE	1- ZIP		Change Addi	ilion
NAME	AYERS, EUGUENE	_		2.2 NAME	}		•	- (
STREET ADDRESS	2225 PARK PLACE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		·	2 4 CITY-S	T - ZIP			
TITLE			DELETE	3 1 1)TLE			L Change L Addi	tion
NAME CTRCCT ADDRESS				3.2 NAME	*DDDCCC			
STREET ADDRESS CITY-ST-ZIP				3.3 STREET 3.4. CITY - 9				ŀ
TITLE			DELETE	4.1 TITLE	11-211		☐ Change ☐ Addi	tion
NAME				4. 2 NAME	1			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	r - ZIP			
THLE	•	L	DELE TE	5.1 TITLE			☐ Change ☐ Addil	tion
NAME				5.2 NAME	+ DD00000			
STREET ADDRESS				5 3 STREET				J
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-ST	1- ZIP		Change Addit	tion
NAME		_		6.2 NAME				/
STREET ADDRESS				6.3 STREET	ADDRESS			

14. I 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 supplimental 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.

6.4 CITY-ST-ZIP

Elicene CoANDER

(521) 391-4397

FILED

Feb 04 1998 8:00am