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

FILED Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)REGENCY REMODELING, INC. Principal Place of Business Mailing Address 2842-B UNIVERSITY DR 2842-B UNIVERSITY DR **CORAL SPRINGS FL 33065** CORL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1989 2. Principal Place of Business 21 2850 University Dr. 2a. Mailing Address 26. 2850 University Dr. 4 FEI Numbe Applied For 65-0164168 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Coral Springs, FL Coral Springs, FL Trust Fund Contribution Added to Fees 23 ²¹33065 Country Broward This corporation owes or has paid the current year Intangible 33065 Broward Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MARLOWE, CLAUDE G. 11525 NW 33RD ST. Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL SPRINGS FL 33065** 83 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, type for protect name of regulars it agost and tels if applicable (NOTE: Registered Agent signature required when rainstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELE 1E Change Addition TITLE 11THE MARLOWE, PATRICIA CR2E034 NAME 1.2 NAME 11525 NW 33RD ST. "A" STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change TITLE DELETE 2 1 TITLE Addition HURST, MARGARET M. NAME 22 NAME 11525 NW 33RD ST. "B" STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME PERRY, MARTHA M 3.2 NAME 11525 NW 33RD ST. "B" 3.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 3.4. CITY - ST- 2IP CITY-ST-ZIP DELETE ___ Addition TITLE 4.1 TITLE MARLOWE, CLAUDE G. NAME 4. 2 NAME 11525 NW 33 ST #A STREET ADDRESS 4 3 STREET ADDRESS CORAL SPRINGS FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

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 suppliemental 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 collha

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition