SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED
95 JUL 21 PM 2:49

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L54242** **(7)**

1. Corporation Name
INTERNATIONAL HOME IMPROVEMENT SUPPLIES, INC.

Principal Place of Business	Mailing Address
% MITCHEL D. GARFINKEL, ESQ. ONE FINANCIAL PLAZA, SUITE 2111 FT LAUDERDALE FL 33394-0021	% MITCHEL D. GARFINKEL, ESQ. ONE FINANCIAL PLAZA, SUITE 2111 FT LAUDERDALE FL 33394-0021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1990**
3a. Date of Last Report: **07/18/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: **65-0269150** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARFINKEL, MITCHEL D., ESQ.
ONE FINANCIAL PLAZA
SUITE 2111
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: [illegible] (New Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS	13. [illegible]
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D PINSK, ARICK 320 NW 52ND CT FT LAUDERDALE FL
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	

☐ Change ☐ Addition

400001545324
-07/25/95--01064--004
****225.00 ****225.00

CR2E034 (3/95)

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 12 above, if applicable, or on an attachment with an address.

SIGNATURE: [signature] Director 7/12/95 401-9944477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0002660 CP