## 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 # L63373

(9)

J. KAY HOME IMPROVEMENTS, INC.

F	ILED	
May 09	1997	8:00am
Secret	ary of	State



Principal Plac	ncipal Place of Business Mailing Address									
7900 NW 6 CT PLANTATION FL 33324 US		790	7800 NW 6 CT. PLANTATION FL 33324-1409							
		00	•				3. Date Incorporated or Qualified 04/03/1990		ate of Las 01/199	
L '	Place of Businoss	2a.	Mailing Address		·		4. FEI Number			Applied For
Suite, Apt.	# oto	26	Cuita Nat # ata				65-0182755			Not Applicable
22 Suite, Apr.	#, U(C.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	е	Fŋ	City & State				6. Election Campaign Financing	<u> </u>		<b>00</b> May Be
Zip	Country	28	7 <sub>ip</sub>	T Gr	untry		Trust Fund Contribution	<u> </u>		ed to Fees
24	25	29	•	30			This corporation has liability for Florida Statutes		∶tax und∈ TNo	or s. 199.032,
	9. Name and Address of Curren	t Regist	lered Agent	1001	7		10. Name and Address of New Re			
KOZ	ZLOWKI, JOSEPH F.				81	Name				<del></del>
	0 NW 6 CT.						10.0			
	NTATION FL 33324				82	Street Add	ress (P.O. Box Number is Not Accepta	ole)		
					83				·	
					84	City			lee 7	rp Code
					1	<b>_</b>		FL	.	
agent. I a	m familiar with, and accept the obligation street specific street again.	alions of,	, Section 607.0505, F	lorida St	atute	S.	poration submits this statement for the tion's board of directors. I hereby acce	pt the app	ointment 	as registered
12.	OFFICERS ANI	DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
TITLE	D		DELETÉ	1.1	TITLE				Chan	ge 🔲 Addition
NAME	KOZLOWSKI, JOSEPH F.			1.2	NAME					
STREET ADDRESS	7900 NW 6TH CT.			1.3	STREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL				CITY-5	51 - ZIP				
TITLE	D CONOCI LODDAINE M		DELFTE		TITLE				L Chan	ge    Addition
NAME	KOZŁOWSKI, LORRAINE M. 7900 NW 6TH CT.			1	NAME					
STREET ADDRESS	PLANTATION FL			1		ADDRESS	•			
CITY-ST-ZIP TITLE	TOTTAL		DETETE		CHY	\$1- ZIP			Chan	ne Addition
NAME			C) Privil		NAME				[_] Online	go [_] Addition
STREET ADDRESS				•		ADDRESS				
CITY-ST-ZIP						\$1-2IP				
TITLE			DELETE		TITLE				Chan	ge Addition
NAME				4.2	NAME					
STREET ADDRESS				4.3	STREET	ADDRESS				
CITY-ST-ZIP				4.4	CITY-S	1 - ZIP				
TITLE			☐ DELETE	5.1	TITLE				☐ Chan	ge 🔲 Addition
NAME				5.2	NAME					
STREET ADDRESS				5.3	STREET	ADDRESS				
CITY-ST-ZIP					CITY-S	1-7IP				
TITLE	•		☐ DELE1E		TITLE				L Chang	ge Addition
NAME CYDEET ADDRESS					NAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	191			6.4	CITY - S	T-ZIP				

14. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE. HORE THE THE STATE OF THE STATE O

1 01 A7 (054) 172-0716