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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000289 (7)

J & B HOME IMPROVEMENTS, INC.

Principal Plac	e of Rusiness	Mailing Address			1 100/100 100 1000 1000 1000 1000 1000	
3000 MARCO		3000 MARCOS E	ND:			
#P407 #P407			ηn,	4		
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BI			each fl 33160)	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal C	Place of Business	2a. Mailing Addr			12/28/1992 4- FEI Number	Landad For
<u> </u>	Tace of Business	├ ¬	26			Applied For Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #,	etc.		65-0380284	\$8.75 Additional
22	, 0.0.	27	0.0		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		ountry	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curi	rent Registered Agent		81 Name	10. Name and Address of New Registered	Agent
SU	40 S. FEDERAL HWY ITE 200-B UART FL 34994			82 Street Add 83 Street Add 84 City	dress (P.Ö. Box Number is Not Acceptable)	85 Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stem familiar with, and accept the ob-	ate of Florida. Such chang	ge was authori	zed by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE	Signature, typed or printed name of registered	socut and Ida if speliarble	AICHE: Booiel	ered Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	1		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DE	LETE 1.	TITLE		Change Addition
NAME	REGA. JOHN		1.	NAME		
STREET ADDRESS	3000 MARCOS DR., #P407	į	1.3	STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3		1.4	CHTY-ST-ZIP		
TITLE		☐ DE	LETE 2.	TITLE		Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.	STREET ADDRESS	;	
CITY-ST-ZIP			2.	4 CITY-ST-ZIP	i F	
TITLE		☐ DE		TITLE		Change Addition
NAME			3.3	NAME		Ì
STREET ADDRESS			3.3	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 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.

3.4. CITY - ST - 2IP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CICALATUDE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

ohn Klas

3-20.98

Change

Change

Addition

Addition

Addition

FILED

Mar 27 1998 8:00am

Secretary of State