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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mortha[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPOR[illegible]IONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:06

DOCUMENT # P93000023987 (9)

1. Corporation Name

PALM ISLAND HOME IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
91 N.W. 162ND STREET MIAMI FL 33169	91 N.W. 162ND STREET MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0413606 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PICKOVER, SHELDON 91 N.W. 162ND STREET MIAMI FL 33169	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1 1 TITLE	[ ] Change [ ] Addition
NAME	PICKOVER, SHELDON	1 2 NAME	
STREET ADDRESS	91 NW 162 STR	1 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1 4 CITY ST ZIP	
TITLE	V	2 1 TITLE	[ ] Change [ ] Addition
NAME	PICKOVER, RICHARD	2 2 NAME	
STREET ADDRESS	3991 SIMMS STR	2 3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	[ ] Change [ ] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] SHELDON PICKOVER (305) 945 7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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