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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023987 (9)

PALM ISLAND HOME IMPROVEMENTS, INC.

## FILED Jan 23 1998 8:00am Secretary of State



22   27   3. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees It year Intangible Yes No
MIAMI FL 33169  MIAMI FL 33169  DO NOT WRITE IN THIS SP  3. Date Incorporated or Qualified 03/29/1993  2. Principal Place of Business 21	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees It year Intangible Yes No ent
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State , 2. City & State , 2. Country 3. O A Marie and Address of Current Registered Agent 2. Name and Address of Current Registered Agent 3. Date Incorporated or Qualified 03/29/1993 4. FEI Number 65-0413606 5. Certificate of Status Desired  Furst Fund Contribution  Trust Fund Contribution  Country 3. This corporation owes or has paid the current Property Tax due June 30. Find Property Tax due June	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees It year Intangible Yes No ent
2. Principal Place of Business 3. Principal Place of Business 3. Fell Number 65-0413606  Suite, Apt. #, etc. 2. Principal Place of Business 3. Certificate of Status Desired  City & State 3. City & State 3. Country 3. This corporation owes or has paid the currer Personal Property Tax due June 30.  9. Name and Address of Current 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 Registered Agent 11. Pursuant to the provisions of Sections 607 1502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of clorifice or registered agent 1 am familiar with applications of Sections 607 0505, Florida Statutes.  Signature  12. Principal Place of Business 4. FEI Number 65-0413606  5. Certificate of Status Desired     5. Certificate of Status Desired     5. Certificate of Status Desired     6. Election Campaign Financing 7 Trust Fund Contribution	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees It year Intangible Yes No ent
2. Principal Place of Business 21. 36 GUFSTREAM DR 26 35/ GUUFSTREAM DR 65-0413606  Suite, Apt. #, etc. 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees It year Intangible Yes No ent
Suite, Apt. #, etc.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees It year Intangible Yes No ent
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees at year intangible Yes No ent
27 City & State , City & State , City & State , City & State   28	\$5.00 May Be Added to Fees It year Intangible Yes No
City & State , City & State , City & State    23	\$5.00 May Be Added to Fees It year Intangible Yes No
Trust Fund Contribution  Zip Country Zip Country Zip Country Zip Country Registered Agent  9. Name and Address of Current Registered Agent  PICKOVER, SHELDON 91 N.W. 162ND STREET MIAMI FL 33169  81 Name NELDON 92 Street Address (P.O. Box Number is Not Acceptable)  Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607/1508 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of coffice or registered agent on both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with and becent the obligations of Section 607.0505, Florida Statutes.  SIGNATURE	Added to Fees It year Intangible Yes No ent
Zip Country  2ip Country  2ip Country  2ip Country  3in Name and Address of Surrent Registered Agent  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  WELDON  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  15 City  16 City  16 City  17 Country  18 This corporation owes or has paid the current Personal Property Tax due June 30.   85 Street Address (P.O. Box Number is Not Acceptable)  86 City  17 City  18 This corporation owes or has paid the current Personal Property Tax due June 30.   87 Name and Address of New Registered Agent  88 Name  89 Street Address (P.O. Box Number is Not Acceptable)  80 City  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name  84 City  85 City  86 City  87 Name  18 Name  87 Street Address (P.O. Box Number is Not Acceptable)  88 City  89 City  80 City  80 City  80 City  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 City  86 City  87 Name  86 City  87 Name  87 City  88 City  89 City  80 City  80 City  80 City  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  89 City  80 City  80 City  80 City  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name  84 City  85 City  86 City  87 Name  87 City  88 City  88 City  89 City  80 City  80 City  80 City  80 City  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name  84 City  85 City  86 City  87 City  87 City  88 City  88 City  88 City  89 City  80 City  80 City  80 City  80 City  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 City  83 City  84 City  85 City  86 City  87 City  88 City  88 City  88 City  88 City  89 City  89 City  80	it year Intangible Yes No ent
24 3300 / 25 29 3300 / 30 Personal Property Tax due June 30.   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 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 City 86 City 87 City 88 City 89 City 89 City 80 City 80 City 80 City 81 Name 80 City 81 Name 80 City 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 City 86 City 87 City 88 City 89 City 80 City 80 City 80 City 80 City 80 City 81 Name 80 City 80 City 81 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 City 86 City 87 City 88 City 89 City 80 City 81 City 82 City 83 City 84 City 85 City 86 City 87 City 88 City 88 City 89 City 89 City 80 City 81 City 82 City 83 City 84 City 85 City 86 City 87 City 87 City 88 City 88 City 89 City 80	Yes No
9. Name and Address of Current Registered Agent  PICKOVER, SHELDON 91 N.W. 162ND STREET MIAMI FL 33169  82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 City 86 City 87 City 88 City 89 City 89 City 80 Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of cloffice or registered agent on both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE	ent C.
91 N.W. 162ND STREET MIAMI FL 33169  82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City  11. Pursuant to the provisions of Sections 607 0504 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of closure of the corporation of the corporation of the purpose of closure of the corporation of the cor	PE 7 In Code
91 N.W. 162ND STREET MIAMI FL 33169  82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City  11. Pursuant to the provisions of Sections 607 0504 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of closure of the corporation of the corporation of the purpose of closure of the corporation of the cor	PE Zip Codo
MIAMI FL 33169  83  84 City  No. Box Number is Not Acceptable)  83  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 cloffice or registered attent or order, in the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with and except the obligations of, Section 607,0505, Florida Statutes.  Signature	PEL ZIp Codo
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Signature 165an	anging its registered
Signature 165an	tment as registered
Signature hand or gridded stems of registered agent and title if one licebia. (NAVC. Decision of Agent Signature)	a 2
DATE: Additional signature of registered agent and their application, (ACCE: Additional Redition and Legislating)	(5)
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12
	Change Addition
NAME PICKOVER, SHELDON 1.2 NAME	
STREET ADDRESS 91 NW 162 STR 1.3 STREET ADDRESS 35 GULFSTREAM DR	,
STREET ADDRESS 91 NW 162 STR 1.3 STREET ADDRESS 351 GULFSTREAM DR.  CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP DANIA, FL 33001	
TITLE V DELETE 2.1 TITLE	Change
NAME PICKOVER, RICHARD 22 NAME	
STREET ADDRESS 3991 SIMMS STR 2.3 STREET ADDRESS 351 GULFSTREAM OR	
CITY-ST-ZIP HOLLYWOOD FL 2.4CITY-ST-ZIP DANIA FT 3300 L/	
	Change
NAME 3.2 NAME	
STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
	Change
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	I
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this ##iso does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cofficer or director of the corporation or the report as required by Chapter 607, Florida Statutes; and that my indicated on this corporation or the report as required by Chapter 607, Florida Statutes; and that my indicated on this corporation or the report as required by Chapter 607, Florida Statutes.	that the information