

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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # P93000023987 (9)

1. Corporation Name

PALM ISLAND HOME IMPROVEMENTS, INC.



Principal Place of Business

91 N.W. 162ND STREET
MIAMI FL 33169

Mailing Address

91 N.W. 162ND STREET
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21. 351 GULFSTREAM DR

Suite, Apt. #, etc.

22. City & State

23. DANIA FL

Zip

24. 33004

Country

25. USA

2a. Mailing Address

26. 351 GULFSTREAM DR

Suite, Apt. #, etc.

27. City & State

28. DANIA, FL

Zip

29. 33004

Country

30. USA

9. Name and Address of Current Registered Agent

PICKOVER, SHELDON
91 N.W. 162ND STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

81. Name

SHELDON PICKOVER

82. Street Address (P.O. Box Number is Not Acceptable)

351 GULFSTREAM DR

83. City

DANIA

84. State

FL

85. Zip Code

33004

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

16 Jan 98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PICKOVER, SHELDON
STREET ADDRESS
91 NW 162 STR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
PICKOVER, RICHARD
STREET ADDRESS
3991 SIMMS STR
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

351 GULFSTREAM DR.
DANIA, FL 33004

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

351 GULFSTREAM DR.
DANIA, FL 33004

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

FILE REQUIRED

16 Jan 98

(954) 922-3938

CR2E034 (10/97)