

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 AUG 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000062739 (6)
 1. Corporation Name
ENHANCING THE HOME, INC.

Principal Place of Business 172 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706	Mailing Address 172 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4058 PARK ST N	2a. Mailing Address 26 4058 Park ST N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 St Petersburg, Fl.	City & State 28 ST Petersburg, Fl.
Zip 24 33709	Country 25 PineHAs
Zip 29 33709	Country 30 PineHAs

3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3198910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOIS VERONA 11820 CAPRI CIRCLE South TREASURE ISLAND FL 33706		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	000002278500-01 Addition
NAME	VERONA, LOIS	1.2 NAME	-08/27/97--01057--023
STREET ADDRESS	11820 CAPRI CIRCLE SOUTH	1.3 STREET ADDRESS	***165.00 ***165.00
CITY-ST-ZIP	TREASURE ISLAND FL 33706	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKOWSKI, SHARON	2.2 NAME	
STREET ADDRESS	10562 - 99TH STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Signature: _____ DATE: _____

7-14-97 012-9861-800

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 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 appointment with the address.

CR2E034 (4/97)



7-24-97
②

Enhancing the Home, Inc.
4058 PARK STREET NORTH - ST. PETERSBURG, FL 33709
(813) 381-5800 - FAX (813) 384-4800

Dept of State,

To whom it may concern,

I just spoke to one of your employees regarding our "2nd Notice for filing our Annual Report"

The address that the first report was mailed was never forwarded to us, which was sent she said in Jan 97. We just received our packet last week at the correct address and have been at this address since Oct 95.

She said we should send the original amount at the 1st notice and you would advise us if it was to be any different because we never had gotten the first notice.

I appreciate any help



Enhancing the Home, Inc.

4058 PARK STREET NORTH - ST. PETERSBURG, FL 33709
(813) 381-5800 - FAX (813) 384-4800

regarding this matter.

Sincerely,
Jois Verona
4058 Park St. N.
St. Pete, Florida
33709
813-381-5800

P.S. We have never been late
for any of our tapes but we
did not know this was due
until just now when we got
your packet