## 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 # P93000063234 (7)

FILED Apr 13 1998 8:00am Secretary of State

NATIO	NAL RESTORATION CONTR	RACTORS, INC.				
Principal Plac	e of Business	Mailing Address			I COURTOR THE FOLIA TOLIS MOTIVE ADVICE MOTIVE ADVICE	01116 11110 H068 H11 016 106 H
1206 STIRLING RD #3B 1206 STIRLING RD #3B						
DANIA FL 33004 DANIA FL 33004 US US					DO NOT WRITE IN THE	S SPACE
<b>U3</b> U3				3. Date Incorporated or Qualified		700 AOL
					09/10/1993	
2. Principal Place of Business 2a. Mailing Addre			)SS		4. FEI Number	Applied For
21		26		65-0438144	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		[27] City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip			p Country		8. This corporation owes or has paid the c	
24	25				Personal Property Tax due June 30.	Yes No
	nt Registered Agent	81	Name	10. Name and Address of New Registere	1 Agent	
MORAITIS, GEORGE R				iname		!
	5 MIDDLE RIVER DRIVE		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
SUITE 508 Ft lauderdale FL 33304			83			
FI	ENODERDALE PE 33304					
			84	City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submit						
11. Pursuant to the provisions of Sections 677,0502 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 Iorida. 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 V July 7 198						
/	Signature, typed or printed name of registriced ago			nt signature requir	ed whon reinstating) DATE	7
12. (	DP OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 Title		ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	FUXA, ANDREW	( December 1	1.2 NAME	ĺ		El cumas
STREET ADORESS	4830 ROOSEVELT STREET		1.3 STREET	ADDRESS		8
CITY-ST-ZIP	HOLLYWOOD FL			T- ZIP		[8
TITLE	DST	DELETE	2.1 TITLE			Change Addition C
NAME	FUXA, JULIA		2.2 NAME			
STREET ADDRESS	4830 ROOSEVELT STREET		2 3 STREET	2 3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-S	IT-ZIP		T Access T Addition
TITLE		DELETE	3.1 TITLE			Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	AUDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-S	· I		1
TITLE		DELETE	4.1 TITLE	<u></u>	M- M- Marie	Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELĒTE	5 1 TITLE		<del>9000024883</del> -04/14/98010700	□ Unange
NAME		5.2 NAME			***300.00	
STREET ADDRESS			5.3 STREET		mann-copy till	
CITY-ST-ZIP		DELETE	5.4 City-St	T-ZIP		Change Addition
TITLE NAME			61 TITLE 62 NAME	Į		O change TI whomal
STREET ADDRESS	6.3 STREET ADDI		ADDRESS		y <del>e</del>	
CITY-ST-ZIP	_		6.4 City-Si	į.		4.13
14. I hereby o	certify that the information supplied w	ith this filing does not quality	for the exempt	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

14. Thereby certify that the information supplied with this filing after 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 of cut plemental 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 tristee 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.

CIGNATURE

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4/6/98

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