


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90008 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000085040			
1. Corporation Name M & L REMODELING, INC.			
Principal Place of Business 1444 17TH AVENUE LAKE WORTH FL 33460		Mailing Address 1444 17TH AVENUE LAKE WORTH FL 33460	
2. Principal Place of Business 21 905 South L. Street Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH Florida Zip Country 24 33460 25		2a. Mailing Address 26 905 South L. Street Suite, Apt. #, etc. 27 City & State 28 LAKE WORTH Florida Zip Country 29 33460 30	
3. Date Incorporated or Qualified 12/06/1993		4. FEI Number 65-0455342	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent WARREN, LESTER 1444 17TH AVENUE LAKE WORTH FL 33460	
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
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.		12. OFFICERS AND DIRECTORS	
SIGNATURE Signature, typed or printed name of registered agent and one if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARREN, LESTER 1444 17TH AVENUE LAKE WORTH FL 33460	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARREN, LESTER 1444 17TH AVENUE LAKE WORTH FL 33460	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LESTER WARREN 905 South L. ST LAKE WORTH FL 33460	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Lester Warren* **President** **3-12-99** **561 547385**
 Signature and typed or printed name of signing officer or director
LESTER WARREN
 Date Daytime Phone #

CR2E034 (11/98)