SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008602 (2)

1. Corporation Name

FLORIDA HOME SERVICES, INC.

Principal Place of Business	Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	C/O KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 10835 SW 188 ST.
2a. Mailing Address: 28 P.O. Box 560007
4. FEI Number: 65-0475595 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State: 23 MIAMI, FL / 28 MIAMI, FL
6. ☐ $5.00 May Be Added to Fees
Zip: 24 33157 County: 25 USA / Zip: 29 33256-0007 County: 30 USA
8. This corporation has solely for charitable tax purposes Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	81 Name: NICHOLAS P. CRANZ 82 Street Address (P.O. Box Number is Not Acceptable): 10835 SW 188 ST. 83 84 City: MIAMI FL 85 Zip Code: 33157

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: [signature] NICHOLAS P. CRANZ 6/14/95
(Signature and printed name of registered agent and title if applicable) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13.		
11 TITLE	P/C	11 TITLE		☐ Change ☐ Addition
12 NAME	WILLIAM P. CRANZ	12 NAME		
13 STREET ADDRESS	15825 SW 93 CT	13 STREET ADDRESS		
14 CITY ST ZIP	MIAMI, FL 33157	14 CITY ST ZIP		
21 TITLE	P/T/S/D.	21 TITLE		☐ Change ☐ Addition
22 NAME	NICHOLAS P. CRANZ	22 NAME		
23 STREET ADDRESS	8325 SW 158 ST	23 STREET ADDRESS		
24 CITY ST ZIP	MIAMI, FL 33157	24 CITY ST ZIP		
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] NICHOLAS P. CRANZ, PRES. 6/14/95 (305) 274-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0018308 CP