## . 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 # P94000010853 (7)

MAGNUM HOME IMPROVEMENT, CORPORATION

## **FILED** Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									i ikkifedi rib folli bibil bolli bolli b			ERBO FINA IODA	
\$384 N. W. 5TH AVENUE 5384 N. W. 5TH AVENUE													
FT LAUDERDALE FL 33309					FT LAUDERDALE FL 33309					DO NOT WRIT	E IN THIS	SPACE	
										<ol> <li>Date Incorporated or Qualified 02/02/1994</li> </ol>			
2. Principal Place of Business					2a. Mailing Address				4. FEI Number			7	Applied For
21					26					65-0470393		١	Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State					City & State				1	6. Election Campaign Financing		\$5.00	<b>D</b> Мау Ве
23				28	-4					Trust Fund Contribution		Addec	to Fees
Zip	Country							ountry		8. This corporation owes or has p	· ·		
24	25 9. Name and Address of Current			29		30				Personal Property Tax due June			∐ No
IFM.		anu	Address of Curre	it negit	stered Agent		81	Name		10. Name and Address of New R	gisterea	Agent	<del></del>
	IN, JOHN	nu a	ACAU IC				Name						
5364 N. W. 5TH AVENUE FT LAUDERDALE FL 33309							82	Street Address		s (P.O. Box Number is Not Accepta	ble)		
							83						
							84	City		<del></del>	FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisi	ons c	Sections 607.050	)2 and 6	607.1508. Florida State	iles, the a	above	l e-named	d corpora	ation submits this statement for the		changing	its registered
office or re	egi <b>ste</b> red ag	ent, c	or both, in the State	e of Flori	da. Such change was f, Section 607.0505, F	s authorize	ed by	the cor	rporation	's board of directors. I hereby acce	pt the app	ointment a	s registered
SIGNATURE	Classius luned	ne peni	ed name of registered age	not and the	if nouleable Alf	OIC Consisten	· · · · ·				DATE		
12.	Signature, typica	Or Dran	OFFICERS AN					eni signature	re required v	ADDITIONS/CHANGES TO OFFI		DIDECTO	DC 1N1 10
TITLE	Ð		OT TOERS AIN	O DITL	DELETE	1.1.1	ITI F		Т	ADDITIONS/CHANGES TO OFFI	JENS ANL	Change	Addition
NAME	#RVIN, JO	OHN			tana e e e e e		IAME					onange	
STREET ADDRESS			TH AVENUE					ADDRESS					
City-St-ZiP			ALE FL 33309				1.4 CiTY-ST-ZIP						
TITLE					DELETE	2.1 T		1-20	1			Change	Addition
NAME					_	2.2 N							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP			•				CITY-S		}	£ *			
TITLE					☐ DELETE	3.1 T			1 -			Change	Addition
NAME						3.2 N	IAME					,	
STREET ADDRESS						3.3 S	TREET	ADDRESS	1				
CITY-ST-ZIP							DITY-S						
TITLE					DELETE	41 T			1			☐ Change	Addition
NAME						4.21	NAME						
STREET ADDRESS						4.3 S	TREET	ADDRESS					
CITY-ST-ZIP						4.4 0	iTY-S	T-ZIP					
TITLE					DELETE	5.1 1	ITLE		1			☐ Change	Addition
NAME						5.2 N	IAME						
STREET ADDRESS						5.3 S	TREET	ADDRESS	1				
CITY-ST-ZIP						5.4 C	ITY-S	T-ZIP	<u></u>				
TITLE					☐ DELETE	6.1 7	ITLE					Change	Addition
NAME						6.2 N	AME						
STREET ADDRESS						6.3 \$	TREET	ADDRESS					
CITY-ST-ZIP							ITY-S						
14. Thereby o	ertify that the	infor	mation supplied w	ith this f	iling does not qualify	for the ex-	empt	ion state	ed in Sec	ction 119.07(3)(i), Florida Statutes, I	further ce	rtify that the	e 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 or an attachment with an address.