## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000010853

1. Corporation Name

MAGNUM HOME IMPROVEMENT, CORPORATION

Principal Place of Business

Mailing Address

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90017 027 \*\*\*150.00



5364 N. W. 5TH AVENUE 5364 N. W. 5TH AVENUE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309		DO NOT WRITE IN THIS S	SPACE	
			Date Incorporated or Qualifed     02/02/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6761 NW ZI TErrace	. 26 6761 NW Z	1 Terrace	65-0470393	Not Applicable
Suite, 'Apt. #, etc. 22 Ft. Lander NaLe	Suite, Apt. #, etc.	vdale,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip Country SA 25 USA	zip 33309 30	Country	1 Crostial Property Com	☐ Yes No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	gent
<u> </u>		81 Name	OHN TRUN	
IRVIN, JOHN 82 Street A			ress (P.O. Box Number is Not Acceptable)	
5364 N. W. 5TH AVENUE				
FT LAUDERDALE FL 33309		83 (7/2	I NW 21 Terrace	_
		84 City —	1 land dela =	85 20 Cod 9 Q
!		F-1	LAUGEVUALE FL	53307
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both in the State agent. I am familiar with, and accept the obligations of the state of the obligations of the obligations of the state of	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of con's heard of directors. I hereby accept the appoin	changing its registered tment as registered
agent. I am familiar Mth, and accept the obliga	tions of, Section 607.0505, Florida	Statutes.		
SIGNATURE AND A	JOHN LRVIN		6/2/19	9
Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Agent signature require		DIDECTORO IN 40
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	C1
mre D	☐ DELETE	1,1 TITLE	TAUIN 1761 NW ZI TErrace H. Landerdale, Fl. 3	Change   Addition
NAME IRVIN, JOHN		1.2 NAME	The PIACE	ļ
STREET ADDRESS 5364 N. W. 5TH AVENUE		1.3 STREET ADDRESS	The words of S	277/19
CITY-ST-ZIP FT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	F. Cangernace, Fr. 3	Change Addition
TITLE	☐ DELETE	2.1 11144	•	☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4, CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4,2NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIPİ		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME ;		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE				
	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME !	DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	☐ DELETE			☐ Change ☐ 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: