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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000044105 (2)

FILED Mar 12 1997 8:00am Secretary of State

HANDYMAN HOME REPAIR SERVICE, INC. Principal Place of Business Mailing Address 11327 - 43 STREET NORTH CLEARWATER FL 34622 CLEARWATER FL 346224923									
					 Date Incorporated or Qualifie 06/09/1994 		ite of Last R 29/1996	epon	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	1 07/2		plied For	
21		26			65-0571970		No	t Applicable	
Suite, Apt	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75		
City & Sta	ite	City & State		····		· · · · · · · · · · · · · · · · · · ·	Fee Re	 	
23		28			 Election Campaign Financing Trust Fund Contribution 	, 🗆	\$5.00 Added 1		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability				
24	25	29	30		Florida Statutes	Yes [No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered /	Agent	_,	
	SALVATORE, ANGELO		ŀ	B1 Name					
	327 - 43 STREET NORTH		ļ	82 Street A	ddress (P.O. Box Number is Not Accep	otable)			
CL	EARWATER FL 34622		-	B3					
			l	03					
	•		[84 City		FL	85 Zip	Code	
				i			changing ii	s registered	
11, Pursuari	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the ab	ove-named o	corporation submits this statement for the	te purpose or	or tooms on	ragiotarad	
11. Pursuari office or agent !	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with and accept the oblig						ointment as	registered	
SIGNATURE	Signature, typical or printed name of registered as	gent and little if applicable (NC	OTE Registered		required when reinstating)	DATE			
SIGNATURE	Signature, typect or printed name of registered as OFFICERS AN		OTE Registered	Agent signature r		DATE			
SIGNATURE 12. THLE	Signature types or printed name of representation of Printed AM	gent and little if applicable RNO ND DIRECTORS	OTE Registered	Agent signature r	required when reinstating)	DATE	DIRECTOR	IS IN 12	
SIGNATURE 12, THUE NAME	Signature typical or printed name of registered as OFFICERS AN P DISALVATORE, ANGELO J	gent and little if applicable RNO ND DIRECTORS	TE Registered 13. 1.1 TIT	Agent signature r	required when reinstating)	DATE	DIRECTOR	IS IN 12	
SIGNATURE 12. THE NAME STREET ADDRESS	Signature type to printed name of represent as OFFICERS AN P DISALVATORE, ANGELO J 11327-43 STREET NORTH	gent and little if applicable RNO ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STF	Agent signature r LE ME HEET ADDRESS	required when reinstating)	DATE	DIRECTOR	IS IN 12	
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SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP	Signature speed or printed name of represent as OFFICERS AN P DISALVATORE, ANGELO J 11327-43 STREET NORTH CLEARWATER FL	gent and life if applicable (NO ND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STF	Agent signature / LE ME ME MEET ADDRESS Y-ST-ZIP LE	required when reinstating)	DATE	DIRECTOR Change	IS IN 12	
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information indicated on this annual report of 1 am an officer or director of the corporation appears in Block 12 or Block 13 if changed

SIGNATURE:

Daytime Phone #