

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000056214 (7)

1. Corporation Name

HOME MAINTENANCE SERVICE, INC.



Principal Place of Business

Mailing Address

4014 CHASE AVE
STE 203
MIAMI BEACH FL 33140
US

P. O. BOX 402621
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1129 31 Street

Suite, Apt. #, etc.

22

City & State

23 Miami Beach, FL

Zip

24 33140

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

07/29/1994

4. FEI Number

65-0510301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SILVERMAN, JACK
3980 OAKS CLUBHOUSE DR.
BLDG. 79, APT. 406
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name Patricia Rotella-Galindo
82 Street Address (P.O. Box Number is Not Acceptable)
1129 31 Street
83
84 City Miami Beach FL 85 Zip Code 33141

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME SILVERMAN, JACK
STREET ADDRESS 3980 OAKS CLUBHOUSE DR., BLDG. 79, APT 406
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VT
NAME SILVERMAN, SYLVIA
STREET ADDRESS 3980 OAKS CLUBHOUSE DR., BLDG. 79, APT 406
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ~~Howard M. Silverman~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V
3.2 NAME Howard M. Silverman
3.3 STREET ADDRESS 3980 Oaks Clubhouse Dr. Bldg 79, apt 406
3.4 CITY-ST-ZIP Pompano Beach, FL 33069

4.1 TITLE V
4.2 NAME Patricia Rotella-Galindo
4.3 STREET ADDRESS 5005 Collins Ave., Apt 1512
4.4 CITY-ST-ZIP Miami Beach, FL 33140

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE
4-11-98 (305) 811-4432

CR2E034 (10/97)