SECOND NOTICE: CORPORATION WILL BE [illegible] ON OR AFTER [illegible]
AMOUNT DUE [illegible]

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000060812 (2)

1. Corporation Name

RITE HOME, INC.

Principal Place of Business	Mailing Address
6808 NW 33 TERRACE FT LAUDERDALE FL 33309	6808 NW 33 TERRACE FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6808 NW 33 Terrace	26 6808 N.W. 33 Terrace
Suite, Apt. #, etc 22 —	Suite, Apt. #, etc 27 —
City & State 23 Fort Lauderdale, Florida	City & State 28 Fort Lauderdale, Florida
Zip 24 33309 / Country 25 Broward	Zip 29 33309 / Country 30 Broward

4. FEI Number: 65-0514838 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. [illegible] ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARTOLOME, ELMO V 6808 NW 33 TERRACE FT LAUDERDALE FL 33309	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS		
TITLE	D	1 1 TITLE	D	☑ Change ☐ Addition
NAME	LEFEBVRE, PHILLIP W	1 2 NAME	LEFEBVRE, PHILIP W.	
STREET ADDRESS	6808 NW 33 TERRACE	1 3 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33309	1 4 CITY ST ZIP		
TITLE	D	2 1 TITLE		☐ Change ☐ Addition
NAME	BARTOLOME, ELMO V	2 2 NAME		
STREET ADDRESS	6808 NW 33 TERRACE	2 3 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33309	2 4 CITY ST ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

14. I do 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)(k), 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: Philip W. Lefebvre 7-22-95 305-493-6565 ext. 365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (3/95)

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