

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**5 MAY - 1 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Candice B. Norstrom  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # P94000074620 (3)**  
1. Corporation Name  
**CONSOLIDATED FEDERAL HOME REMODELERS, INC.**

Principal Place of Business: **1975 E SUNRISE BLVD FT LAUDERDALE FL 33304**  
Mailing Address: **1975 E SUNRISE BLVD FT LAUDERDALE FL 33304**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
3. Date Incorporated or Qualified: **10/11/1994**  
3a. Date of Last Report: **10/11/1994**

4. FEI Number: **65-0525103**  
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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**MCGRATH, MARK D  
1975 E SUNRISE BLVD  
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent:  
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 607.0602 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: **N/A**  
Signature typed or printed name of registered agent and title if applicable: \_\_\_\_\_  
Title (Registered Agent separate required when new listing): \_\_\_\_\_  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATHROP, MARJORIE</b>	2. NAME	
STREET ADDRESS	<b>1975 E SUNRISE BLVD</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33304</b>	4. CITY - ST - ZIP	
TITLE	<b>D</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGRATH, MARK D</b>	22. NAME	
STREET ADDRESS	<b>1975 E SUNRISE BLVD</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33304</b>	24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or assignee of the corporation, that I am an officer or director of the corporation or the receiver or trustee or assignee of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARK D. MCGRATH**  
Signature typed or printed name of signing officer or director: **MARK D. MCGRATH**  
Date: **5-8-95**  
System/Division #: **305 763-3032**