

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000024468 (7)

HOME REPAIR SERVICE OF TAMPA, INC.

FILED
Mar 13 1997 8:00am
Secretary of State



Place of Business 2448 JETVIEW DRIVE TAMPA, FL 33614		Mailing Address 11327 43RD ST N. CLEARWATER FL 34622-4923	
Principal Place of Business 2448 Jetview Drive		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State	
Zip 33614		Zip 34622	
Country		Country	
9. Name and Address of Current Registered Agent DISALVATORE, ANGELO 11327 43RD ST N. CLEARWATER FL 34622		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		84 City	
85 Zip Code		85 Zip Code	

I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, submit 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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME DISALVATORE, ANGELO 11327 43RD ST N. CLEARWATER FL 34622		1.1 TITLE Vice President	
2. STREET ADDRESS		2.1 NAME Franklin A. Marciano	
3. CITY - ST - ZIP		2.2 STREET ADDRESS 11327 - 43rd Street North	
4. NAME		2.3 CITY - ST - ZIP Clearwater, FL 34622	
5. STREET ADDRESS		3.1 TITLE Secretary/Treasurer	
6. CITY - ST - ZIP		3.2 NAME Richard J. Fabrizi, Sr.	
7. NAME		3.3 STREET ADDRESS 870 Pinellas Bayway	
8. STREET ADDRESS		3.4 CITY - ST - ZIP Tierra Verde, FL 33715	
9. CITY - ST - ZIP		4.1 TITLE	
10. NAME		4.2 NAME	
11. STREET ADDRESS		4.3 STREET ADDRESS	
12. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
13. NAME		5.1 TITLE	
14. STREET ADDRESS		5.2 NAME	
15. CITY - ST - ZIP		5.3 STREET ADDRESS	
16. NAME		5.4 CITY - ST - ZIP	
17. STREET ADDRESS		6.1 TITLE	
18. CITY - ST - ZIP		6.2 NAME	
19. NAME		6.3 STREET ADDRESS	
20. STREET ADDRESS		6.4 CITY - ST - ZIP	
21. CITY - ST - ZIP			

I do 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: *[Signature]*

CR2E034 (9/96)