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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000027243 (1)

SOWARD'S HOME IMPROVEMENTS, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								F (0001000 110 1010) 03111 48(11 00)11 8011		*****	A 1101 (AA)
7621 TAM O'SHANTER BLVD.				P.O. BOX 130326							
NORTH LAUDERDALE FL 33068			SU	SUNRISE FL 33313				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								04/03/1995			1
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For		
21				26				65-0565306			Applicable
Suite, Apt. #, etc.			ŀı	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22			27	City & State						Fee Rec	<u></u>
City & State			_	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7io	Zip Country			Zip Country							
24	2	25 29			30			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					10. Name and Address of New Registered Agent				
SO	WARD, TON	ΙΥ				B1	Name				
5098 N.W. 43RD CT.				82 Street Add			Street Ad	kiress (P.O. Box Number is Not Acceptable	e)		
LAUDERDALE FL 33319										···	
						63					
						64	City		FL 85	Zip C	ode
11. Pursuant to the provisions of Socions 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 TON SOWARD STATE Signature, typed or printed name of represent agent and title of approatal. (NOTE Registered Agent schedule required when reinstating). DATE											
12.		OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D			DELETE	1.1 T				<u>. </u>	hange	☐ Addition
NAME	SOWARD				1.2 N						
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NAME					3.2 N	AME	}				
STREET ADDRESS					3.3 S	TREET	ADDRESS]
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STREET ADDRESS							T-ZIP				}
14. I hereby c	ertify that the	information supplied	d with this fil	ing does not qualify				in Section 119.07(3)(i), Florida Statutes. I f	further certify t	hat 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 Statules; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.