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 # P95000031585 (9)

REMODELERS PLUS, INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



7889 GLENDEVON LANE. #1806 DELRAY BEACH FL 33446		7689 GLENDEVON LANE. #1805 DELRAY BEACH FL 33446-2892							
					3. Date Incorpc 04/19/199	orated or Qualified	3a. Date of Last 03/28/1996	Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		1/	applied For	
	SW 19711 PUCE	26			65-05769	65-0576972 Not Applicable			
Suite, Apt. 1		Suite, Apt. #, etc.			5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	· · ·	City & State			6. Election Cam	paign Financing	\$5.00	May Be	
23 BOYNTO	ON BEACH FC.	28			Trust Fund C	. •		to Fees	
Zip	Country	Zip	Zip Country		8. This corpora	8. This corporation has liability for intangible tax under s. 199.032,			
24 33426 25 USA		29				Florida Statutes Yes No			
	9. Name and Address of Currer	t Registered Agent			10. Name and A	ddress of New Re	gistered Agent		
	CK, ROBERT E			81 Name	ROBERT A.	RUDNER			
1190	OO BISCYANE BLVD.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)				
	TE 80 8		Į.				·		
NOR	rth Miami FL 33181		1	83 768	9 GUENDEV	ON LANE	# 1805		
				84 City	DELRAY BEAC	H	FL 83	146-1892	
office or re agent. I as SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and pasept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stati	I by the corputes.	poration's board of direc	s statement for the p tors. I hereby accep	ourpose of changing of the appointment a	its registered is registered	
	Signature, typod or printed name of registered ago	ent and title if applicable (NO		Ageril signature	required when reinstating)		EIATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/C	HANGES TO OFFIC	ERS AND DIRECTO		
TITLE	STONE, EDWARD	DELETE	1.1 117		PONALO P	BUONER	LEC Change	Addition	
NAME	1345-P CRYSTAL WAY		: 1.2 NA		RONALO C 5385 CROA	R LAKE TO	A 15-34		
STREET ADDRESS	DELRAY BCH FL 33444			REET ADDRESS	BOYNTON BE				
CITY-ST-ZIP	VP	DELETE		Y-ST-ZIP	POLYMON OR	ב ישון, וישוא	Change	Addition	
TITLE		L DELETE	2.1 111				L Change	L_J Addition	
NAME	RUDNER, RONALD \$ 7689 GLENDEVON LANE, #18)AE	2.2 NA			•			
STREET AODRESS	DELRAY BEACH FL 33446	003		REET ADDRESS					
CITY-ST-ZIP	DELPAT BEAUTI FL 33440	DELETE		TY-ST-ZIP			Change	Addition	
TITLE		L_I DETER	3 1 111				Onlonge		
NAME			3.2 N/						
STREET ADDRESS			-	REE1 ADDRESS	1				
CITY-ST-ZIP		DELETE	3.4. C 4.1 TI	TY-ST-ZIP			Change	Addition	
TITLE							One igo	, Addition	
NAME			4. 2 N						
STREET ADDRESS				REET ADDRESS	ĺ				
CITY-ST-ZIP		DELETE	5.1 TO	IY-S1-ZIP			☐ Change	Addition	
TITLE		ortale	1				Orlang	,	
NAME			5.2 N/						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		DELEVE		TY-ST-ZIF			Change	Addition	
TITLE		[] DELETE	6.1 11				change	> TH WOMING	
NAME			6.2 NA						
STREET ADDRESS			1	REE1 ADDRESS					
CITY-ST-ZIP			64 CI	TY-ST-ZIP		(0V) E O			

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 frustee 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 man attachment with an address.