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

CITY-ST-ZIP



FILED Apr 03 1997 8:00am Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00					F	FILED	
COF ANNU	PROFIT RPORATION UAL REPORT 1997		Sandra B Secretar	TMENT OF STANF . Mortham y of State ORPORATIONS	_	.997 8:00a ary of Stat	
GINGER NA MI BROW Principal Place 2400 E. COMM SUITE 720	ortw: JUB	FF HOME IMPRO PROPERTIE Mai 2400	VEMENTS INC. Inc.	エハ	9 28 11 11 11 11 11 11 11 11 11 11 11 11 11		
FT. LAUDERDÀ	LE FL 33308	FT. (AUDERDALE FL 33308	-4033	3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 01/03/1997	
2. Principal P 21 Suite, Apt.	Place of Business	26	Mailing Address Suite, Apt. #, etc.			370460 Applied Fo	
22 City & Stat	le	27	City & State		Certificate of Status Desired Centre Campaign Financing	Fee Required	
Z íp	Count	· —	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees Intangible tax under s. 199.03	
24	25 9. Name and Addr NSTEIN, JOSEPH L	29 ess of Current Registe		81 Name	Florida Statutes 10. Name and Address of New Re	_ Yes Xi No egistered Agent	
11. Pursuant office or r agent. I a	to the provisions of Sec registered agent, or bot am familiar with, and ac	otions 607.0502 and 60 h, in the State of Florida cept the obligations of,	7.1508, Florida Statuto a. Such change was a Section 607.0505, Flo	es, the above named c uthorized by the corpo rida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its register pt the appointment as register	
12,		ne of registered agent and tille if DEFICERS AND DIRECT		: Hegistered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
TITLE	STD	DITICENS AND DINECT	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFI	CEAS AND DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	STONE, DAVID E 2400 E. COMMERC FT. LAUDERDALE (CIAL BLVD. SUITE 72 FL 33308	0	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS OITY-ST-EIP	PD Brown, Susan	CIAL BLVD. SUITE 72	DELETE	2.1 TiTLE 2.2 NAME 2.3 STRFE1 ADDRESS 2.4 City-St-Zip		Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DOLETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS			DELE1E	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS			DELETE	4.4 CHY-S1-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY CL. ZIP		☐ Change ☐ Ado	
CITY - ST - ZIP			DELETE	5.4 CITY - ST - ZIP		33 4 ∏ \$hange □ Add 22-010	

3/1/97

6.4 CITY - ST- ZIP

11. Ido 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 logal effect as if made under oath 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 in hanged, on an attachment with an address.