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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000045740 (4) **DOCUMENT #**

TOTAL H	ame I <mark>ome improvement o</mark>	F SOUTH FLORIDA, IN	IC.					
Principal Place of Business Multing Address						•		
4865 NW 113 WAY SUNRISE FL 33323		4865 NW 113 WAY SUNRISE FL 33323						
					3. Date Incorporated or Qualified 06/07/1995	3a. Date	of Last Rep	
2. Principal Plac	e of Business	2a, Mailing Address			4. FEI Number			pplied For
1		26					ot Applicable Additional	
Suite, Apt. #.	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired			equired	
22		City & State		6. Election Campaign Financing		\$5.00	May Be	
City & State		28			Trust Fund Contribution Added to Fees			
23 Zip	Country	Zip	Countr	у	8. This corporation has liability for	intangible ta	cunders 1	199.032,
24	25	29	30			s No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered 2	gent	
	****		81					
PATAKY, WILLIAM			8:	Street Addr	ess (P.O. Box Number is Not Acceptable)			
4885 NW			63					
SUNRISE FL 33323							1-1-2-	Code
			84 City			FL	1 1	
SIGNATURE	falling to the state of the state of	A TRESI	OEN/ Mile BujcaradA,	post suprature son ex-	ration submits this statement for the p ind of directors. Thereby accept the ap state families. ADDITIONS/CHANGES TO OF	DA'F		
12.	OFFICE HS AND DIRECTORS DELETE		13.		ADDITIONS OF MARCES TO OF	[Change	Addition
TITLE	PATAKY, WILLIAM	Meere	. 12 NAM					
NAME	4865 NW 113 WAY		1.3 STREET ADORESS					
STREET ADDRESS	SUNRISE FL 33323			-ST-ZP				
City-ST-ZiP TITLE	001111105 12 10121	☐ DELETE	7 1 Tills			[Change	☐ Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3.SIR	TET ADDRESS				
CiTY-S'-ZIP				- S* - ZIP			Change	Addition
TITLE			3 1 Tul:			,	onenge	
NAME			3.2 NAM					
STREET ADDRESS				REFI ADORESS				
CITY-ST-ZIP				7 - \$1 - 7iP LE			Change	Add:tion
TITLE			4254					
NAME				EFT ADURESS				
STREET ADDRESS				v - \$1 - ZIP				
CITY - ST - 71P TITLE	DELFTE		5 1 Til				Change	Addition
NAMÉ			5.2 NA1	ME				
STREET ADDRESS			5 3 STF	HEET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP			Chance	Addition
TITLE			6 1 11	ILE .			Change	FT Pagation

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes | 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 cath; 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: / SIGNATURE AND TUPEO OF PRINTED NAME OF SIGNING OFFICER

NAME

STREET ADDRESS

PRESIDENT 6. 20.91 954.584-7058