

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000064645 (1)

1. Corporation Name

V.M. REMODELING CO.

Principal Place of Business

733 RICH DRIVE #204
DEERFIELD BEACH FL 33441

Mailing Address

733 RICH DRIVE #204
DEERFIELD BEACH FL 33441



2. Principal Place of Business

21 FLORIDA - 9 SE 14 CT

Suite, Apt. #, etc.

2a. Mailing Address

26 9 SE 14 CT

Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH, FL

Zip

Country

24 33441

25 USA

27 City & State

28 DEERFIELD BEACH FL

Zip

Country

29 33441

30 USA

9. Name and Address of Current Registered Agent

MENEZES, VALDIR C
733 RICH DRIVE #204
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

4. FEI Number

62-1578706

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0506, Florida Statutes.

SIGNATURE

Valdir C. Menezes

02.20.1996

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME VALDIR C MENEZES
STREET ADDRESS 9 SE 14 CT
CITY-STATE-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed for or an attachment with an address.

SIGNATURE: X

Valdir C. Menezes
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.20.1996 (301) 4819540

CR2E034 (12/95)