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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080567 (7)

ALL AROUND HOME IMPROVEMENTS, INC.

FILED Mar 30 1998 8:00am Secretary of State

| ALL AIT | OOND HOWE HAN NOVERNE | .1110, 1110 | | | | |
|---|--|--|----------------------|--|---|----------------------------------|
| Principal Place of Business | | Mailing Address | | - F OF BLANK ALM I BIOL MITTER MATER AND A MATERIAL MATER | DE 18616 BOIGH BISHA BIRHS GABE 1988 | |
| 7323 HUMBOLDT AVE | | 7323 HUMBOLDT AVE | 7323 HUMBOLDT AVE | | | |
| NEW PORT RICHEY FL 34655 NEW PORT RICHE | | | 34655 | | DO NOT WRITE IN | THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 10/16/1995 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4, FEI Number | Applied For |
| 21 26 Suite. Apt. # etc. Suite. Apt. #. etc. | | | | | 59-3413509 | Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired | Fee Required |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 28 | | | | | Trust Fund Contribution | |
| Zip | | | Country | | 8. This corporation owes or has paid th | e currentyear Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tex due June 30. | ☑ Yes ☐ No |
| | 9, Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Regist | ered Agent |
| CREE, ROBERT 81 Name | | | | | | |
| 7323 HUMBOLDT AVE | | | | Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| NEW PORT RICHEY FL 34655 | | | | | | |
| | | | 63 | | | |
| | | | 84 | City | | 85 Zip Code |
| | | | | <u> </u> | | FL 8 Zip Code |
| 11. Pursuant to the provisions of Sections 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 | | | | | | |
| | Signature typed or printed name of registered ag | | OTE: Registered Agen | t algnature requir | ed when reinstating) ADDITIONS/CHANGES TO OFFICERS | ATE S AND DIRECTORS IN 12 |
| 12. | D OFFICERS AF | ND DIRECTORS DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO CIT ICEN | Change Addition |
| NAME | CREE, ROBERT | _ precie | 1.2 NAME | 1 | | |
| STREET ADDRESS | TARA ANDROIGE INC | | 1.3 STREET A | IODRESS | | |
| CITY-ST-ZIP | AIDM DODT DIGHTY OF DAGE | | 1.4 CITY-SY | | | |
| TITLE | V DELETE | | 2.1 TITLE | - | | Change Addition |
| NAME | in an arman | | 2.2 NAME | - 1 | | |
| STREET ADDRESS | | | 2.3 STREET A | ADDRESS | | |
| CITY - ST - ZIP | HUDSON FL 34610 | | 2. 4 CITY-ST | r-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET A | ODRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST | - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | T T | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET A | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST | - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET A | ADDRESS | | |
| CATY-ST-ZIP | | | 5.4 CITY-ST | - ŽIP | | Change Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET A | - 1 | | |
| CITY-ST-ZIP | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | 6.4 CITY - ST | | Section 410 07/2Vi) Florido Statutas I fuel | and the lateralies |

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 if changed, or on an attachment with an address.

Mrs 210 164 V 012-272-0111