SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000094722 (2)**

1. Corporation Name

HOMETEC AMERICA TOTAL HOME IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
1000 E ATLANTIC BLVD SUITE 1 POMPANO BEACH FL 33060	1000 E ATLANTIC BLVD SUITE 1 POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 12/11/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 828 SE 8th AVENUE	26 828 SE 8th AVENUE
Suite, Apt #, etc. 22 —	Suite, Apt #, etc. 27 —
City & State 23 DEERFIELD BEACH, FL	City & State 28 DEERFIELD BEACH, FL
Zip 24 33441 Country 25	Zip 29 33441 Country 30

4. FEI Number: 65-0646558 — 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

9. Name and Address of Current Registered Agent

WILLIAMS, CHARLES
1000 E ATLANTIC BLVD
SUITE 1
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name: WILLIAMS, CHARLES
82 Street Address (P.O. Box Number is Not Acceptable): 828 SE 8th AVENUE
83
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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 CHARLES WILLIAMS [signature] 6/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES WILLIAMS		1.2 NAME	
STREET ADDRESS	828 SE 8th AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEL RUZSA		2.2 NAME	
STREET ADDRESS	828 SE 8th AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D.J. LITTLEFIELD		3.2 NAME	
STREET ADDRESS	828 SE 8th AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELDBEACH, FL 33441		3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHUBHANKAR SANYAL		4.2 NAME	
STREET ADDRESS	828 SE 8 TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CHARLES WILLIAMS, PRESIDENT 6/20/96 (954) 429-3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #