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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007699 (7)

BRISTOL HOME MAINTENANCE CORPORATION

FILED Mar 09 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Ad	dress			I (BRITARE ITA (RITA RISE) ARANI RANIF RASEL ARANI ARANI ARANI ARANI ARANI		
2901 CLINT MOORE ROAD STE 409 2901 CLINT MOORE F				AD STE 409		·		
BOCA RATON			BOCA RATON FL 33496					
						DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualified 01/22/1996		
2. Principal Pl	lace of Business	2a. Mailing 26	Address			4. FEI Number 65-0637667		oplied For ot Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27	·····			S. Certificate of Status Desired	Fee Re	equired
City & State	o	City & 5	State			6. Election Campaign Financing		May Be
23		[28]		Country		Trust Fund Contribution		to Fees
Zφ	Country	Zip	<u> </u>	_ '	4	8. This corporation owes or has paid the cur		tangible ∃No
24	25 9. Name and Address of Cui	[29]		30		Personal Property Tax due June 30. 10. Name and Address of New Registered		7) 140
OF	ROW, JEFFREY S ESO.	Hour Hogistorous	4011t	81	Name	10. Hame Bird Address of their riegistered i	Agom	
		ett onen		L				
	00 NO. FEDERAL HIGHWAY (SIE JUOD		62	Street Add	dress (P.O. Box Number is Not Acceptable)		
ВО	CA RATON FL 33431			83				.
				63				
				84	City		85 Zip	Code
						<u> </u>		
11. Pursuant I	to the provisions of Sections 607. equistered about, or both, in the St	0502 and 607.1508, late of Florida, Such	, Florida Statutes Lichange was al	s, the abov	e-named cor v the cornor:	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing it	ts registered registered
agont la	m familiar with, and accept the ol	bligations of Section	n 607.0505, Ftor	ida Statute	S.	and its board of an ostorio. Thoroby accept the app	omanone do	rogiotoraa
SIGNATURE								
	Signature typind or printed harox of respective		i: (NOTE		ent signature req	ulred when reinstating) DATE		2
12.		AND DIRECTORS	T 50.000	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D COOPED FRANKLIN M		☐ DELETE	1.1 TITLE			Change	Addition
NAME	COOPER, FRANKLIN M	D OTE 400		1.2 NAME				
STREET ADDRESS	2901 CLINT MOORE ROA	U 51E 409		1.3 STREE	T ADDRESS	•		
CITY-\$1-ZIP	BOCA RATON FL 33496			1.4 CITY -	ST-ZIP		7 7 2	1
TITLE			DELETE	2.1 T(1LE			Change	☐ Addition
NAME				2.2 NAME				
STREET ADORESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP				2. 4 CITY -	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change	Addition Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY - ST - ZIP				4.4 CITY -	ST - ZIP			
TITLE			DELETE	5 1 Title			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY -	ST-ZIP			
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				6.4 CITY -	ľ			
0111-01-215	Name of the state	all contact at the fitting of the	and the second second	0.4 (/117-1	oritin	- Cartina (40 07/0)(i) Finalda Chat tan 16 when an	utif , ab at ab a	111111111111111111111111111111111111111

14. I 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 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 or an attachment with an address.

GNATURE Transform Goods FRANKINM Concr amalheinst 3/2/91 564-734-0102