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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000036887 (3) **DOCUMENT #**

FILED Feb 05 1998 8:00am Secretary of State

PL HOME SERVICES CORP. Principal Place of Business Mailing Address 408 PROSPECT AVE 408 PROSPECT AVE LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0680858 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PARTHEYMULLER, HORST **408 PROSPECT AVE** 82 Street Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES FL 33936 83 84 City Zip Code 85 FL 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 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 DELETE Addition Change TITLE 1.1 TITLE PARTHEYMUELLER, HORST 1.2 NAME NAME 408 PROSPECT AVE STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PARTHEYMUELLER, UTE 2.2 NAME NAME **408 PROSPECT AVE** STREET ADDRESS 2.3 STREET ADDRESS LEHIGH ACRES FL 33936 2. 4 CITY - ST-ZIP CITY - ST - ZIP TITLE DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-St-ZIP CITY-ST-ZIP Addition TITLE DELETE Change 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing close 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 frustee 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 of as attachment with an address.

SIGNATURE:

REPORTABLE PARTHEY NUELCES 2/1/98