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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

P96000042776 (0)

BOCA HOME REPAIR AND REMODELING, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			
9648 TAVERN		9648 TAVERNIER DRIVE			
BOCA RATO	N FL 33496	BOCA RATON FL 33496			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/15/1996
·	Sace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0681297 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		7/p Country		ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	SENMAN, LARRY C C.P.A.			B1 Nam	ne .
9927 ROBIN'S NEST ROAD			ŀ	B2 Stree	eet Address (P.O. Box Number is Not Acceptable)
, RO	ICA RATON FL 33496			83	
				83	
			i	84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050.	2 and 607.1508, Florida Statut	tes, the at	ove-name	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
office or n agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607 0505, Fl	authorized orida Stati	d by the coutes.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					·
12.	Signature, typed or per trip name of registered in a OFFICERS ANI		I flegistered	Agent signat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TETLE	D	DELETE	1,1 10	(F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME .	FRAIKIN, ELEANOR	_	1.2 NA		
STREET ADDRESS	9648 TAVERNIER DRIVE			REET ADORES	ss
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CII	IY-ST-ZIP	
TITLE	D	DELETE	2.1 TIT	LE	Change Addition
NAME	FRAIKIN, ALAN		2.2 NA	ME	
STREET ADORESS	9648 TAVERNIER DRIVE		2 3 ST	REET ADDRESS	SS
CITY-ST-ZIP	BOCA RATON FL 33496			TY-ST-ZIP	
TITLE		☐ DELETE	3 1 T(?		☐ Change ☐ Addition
NAME CTOUTE ADDOLES			32 NA	_	
STREET ADDRESS CITY-ST-ZIP				reet address	SS
TITLE		☐ DELETE	3.4. CI 4.1 T)T	TY·ST·ZIP LE	Change Addition
NAME			4. 2 NA		Totalion La Paralle
STREET ADDRESS			4	REET ADDRESS	ss
CITY-ST-ZIP				Y-ST-ZIP	
THTLE		DELETE	5.1 TiT		Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 STI	REET ADDRESS	is
CITY - ST - ZIP				Y-S1-ZIP	
TITLE		☐ DELETE	6.1 TIT		☐ Change ☐ Addition
NAME			6.2 NA		
STREET ADDRESS			6.3 \$11	REET ADDRESS	SS

64 CITY-ST-ZIP

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 suppliemental innual 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.

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