## 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 # P96000044581 (2)

## **FILED** Apr 27 1998 8:00am Secretary of State

BETTER BUILDERS & RENOVATORS INC.						
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		I 100110001 ISA 18014 DITTI BOTTI OBSIT BOTTI	TION ONDER ENIOR (BIO) INDI HOOF
11377 PINE VALLEY DR 11377 PINE VALLEY DR						
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 3					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	007702
					05/20/1996	
2. Principal Place of Business 2a. Mailing A			ess		4. FEI Number	Applied For
21		26	26		65-0672099	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			G. Common of States Double	Fee Required
City & State		City & State	<del>}</del>		6. Election Campaign Financing	\$5.00 May Be
Zip Country			Z <sub>I</sub> p Country		Trust Fund Contribution	Added to Fees
Zip	25 29 30		iii <b>y</b>	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible	
24	9. Name and Address of Cu		[30]		10. Name and Address of New Register	
DE DE	RKINS, THELMA			B1 Name		
11377 PINE VALLEY DR						
WEST PALM BEACH FL 33414				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
***	OT I ALKI DENOTITE SOFT			B3		
				84 City		85 Zip Code
#4 Durnught	to the exeminines of Sections 607	0502 and 607 1609. Floris	do Ctatutos, the ab	avo pamad sav		<del></del>
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 registries	d sount and blu d southwise	(NOTE Beginned	Agent signature requi	red when reinstating) DAT(	
12.		AND DIRECTORS	13.	Mani pidugiore redo	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PM	☐ DE		.E		☐ Change ☐ Addition
NAME	PERKINS, ROOSEVELT		1.2 NAI	AE .		
STREET ADDRESS	STREET ADDRESS 11377 PINE VALLEY DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 C/T	r-S1-ZIP		
TITLE	TS DELETE					Change Addition
NAME	PERKINS, THELMA		2.2 NA	AE		
STREET ADDRESS	11377 PINE VALLEY DR		2.3 STF	EET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 01	Y-ST-ZIP		İ
TITLE	D DELETE		LETE 3.1 TIT	E		Change Addition
NAME	VANDERLOUIS, RICHARD		3 2 NA	AE		
STREET ADDRESS	2650 OSWEGO AVE		3 3 STR	EET ADDRESS		1
CITY-ST-ZIP	WEST PALM BEACH FL			Y-ST-ZIP		
TITLE	VP	DE	LETE 4.1 TITI	E		☐ Change ☐ Addition
NAME	ROMERO, PAMELA		4.2 NA	ME		
STREET ADDRESS	1408 WATERWAY COVE D	XR	4.3 STR	EET ADDRESS		j
CITY-ST-ZIP	WELLINGTON FL			r-ST-ZIP		
THLE		☐ DE	LETE 5.1 TITL	E į		Change  Addition
NAME			5.2 NA)	AE [		Í
STREET ADDRESS			5.3 STR	EET ADDRESS		ļ
CITY-ST-ZIP				/-S1-ZIP		
TITLE		☐ DE	LETE 6.1 TITL	E		Change Addition
NAME			6.2 NA	4E		ļ
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
14. I hereby o	certify that the information supplie	d with this filing does not	qualify for the exer	nption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther certify that the information indicated on this annual report or supplied with this filling does not qualify that the information indicated on this annual report or supplied with this filling does not qualify that the information indicated on this annual report or supplied with this filling does not qualify that the information indicated on this annual report or supplied with this filling does not 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 trusted 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.

GNATURES

The Lam Annual report of the corporation or the receiver or trusted 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.