

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0062001

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000047941 (5)**

1. Corporation Name
FLORIDA HOME PROTECTION, INC.

FILED

98 DEC -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
19900 HIGHLAND LAKES BLVD.
N. MIAMI BEACH FL 33179

Mailing Address
19900 HIGHLAND LAKES BLVD.
N. MIAMI BEACH FL 33179

REINSTATEMENT (DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
05/31/1996

4. FEI Number
65-0787731

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **19900 Highland Lakes Blvd**

2a. Mailing Address
26 **same**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
N. Miami Beach

28 City & State

24 Zip
33179

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MURRAY, CHRIS
19900 HIGHLAND LAKES BLVD.
N. MIAMI BEACH FL 33179

Chris Murray

10. Name and Address of New Registered Agent

81 Name **19900 Highland Lakes Blvd**

82 Street Address (P.O. Box Number is Not Acceptable)
19900 19900 Highland Lakes Blvd

83

84 City **N. Miami Beach FL**

85 Zip Code
33179

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

TITLE
NAME **P MURRAY, CHRIS** ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP **19900 HIGHLAND LAKES BLVD.
N. MIAMI BEACH FL 33179**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **700002705427-2**
1.3 STREET ADDRESS **-12/08/98-01006-001**
1.4 CITY-ST-ZIP ******750.00 ****750.00**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 on an attachment with an address.

SIGNATURE: *Chris Murray* Nov 17/98 305 486 4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)