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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000050807 (2)**

1. Corporate Name
JS HOME IMPROVEMENTS, INC.

Principal Place of Business
~~595 NORTHWEST 140 TERRACE~~
~~NORTH MIAMI FL 33168~~

Mailing Address
~~595 NORTHWEST 140 TERRACE~~
~~NORTH MIAMI FL 33168-3939~~

3. Date Incorporated or Qualified: 06/13/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1735 NE 124TH ST
Suite, Apt. #, etc.
22 #7
City & State
23 NORTH MIAMI BEACH
Zip 24 33181
Country 25 USA

2a. Mailing Address
26 1735 NE 124TH ST
Suite, Apt. #, etc.
27 #7
City & State
28 NORTH MIAMI BEACH
Zip 29 33181
Country 30 USA

4. FEI Number 65-0673792
☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~AMERILAWYER CHARTERED~~
~~943 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
81 Name: JOSEPH SCHULIK
82 Street Address (P.O. Box Number is Not Acceptable): 1735 NE 124TH STREET
83 STE #7
84 City: NORTH MIAMI BEACH FL
85 Zip Code: 33181

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: Joan Schulik 3-21-97
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: PSTD ☐ DELETE
NAME: SCHULIK, JOSEPH
STREET ADDRESS: ~~595 NORTHWEST 140 TERRACE~~
CITY-ST-ZIP: ~~NORTH MIAMI FL 33168~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS: 1735 NE 124TH STREET, STE #7
1.4 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33181

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

CR2E034 (9/96)

14. I do 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: Joan Schulik 3-21-97 (305) 934-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230177