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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000052336 (0)

1. Corporation Name

JOE YOUR HANDYMAN INC.

Principal Place of Business

4592 N.W. 203 STREET
MIAMI FL 33055

Mailing Address

4592 N.W. 203 STREET
MIAMI FL 33055-1551

3. Date Incorporated or Qualified

06/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 4592 N.W. 203 St

Suite, Apt. #, etc.

22 Home

City & State

23 Miami, FL

Zip

24 33055

Country

25 Dade

City & State

26 Miami, FL

Zip

27 33055

Country

28 Dade

City & State

29 Miami, FL

Zip

30 33055

9. Name and Address of Current Registered Agent

BALDWIN, JOSEPH R
4592 N.W. 203 STREET
MIAMI FL 33055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME ~~President~~

STREET ADDRESS ~~JOSEPH BALDWIN~~

CITY-ST-ZIP ~~4592 N.W. 203 St.~~

~~MIAMI, FL 33055~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ~~President~~

1.3 STREET ADDRESS ~~JOSEPH BALDWIN~~

1.4 CITY-ST-ZIP ~~4592 N.W. 203 St.~~

~~MIAMI, FL 33055~~

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ~~VICE president~~

2.3 STREET ADDRESS ~~Ann Baldwin~~

2.4 CITY-ST-ZIP ~~4592 N.W. 203 St.~~

~~MIAMI, FL 33055~~

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Baldwin 4-17-97 305 624-5568

CR2E034 (9/96)