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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 28 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052336 (0)

JOE YOUR HANDYMAN INC.

| Principal Place of Business Mailing Address | | | | | - | INT DITTO TIBES (AND THIS SILE IND) | |
|--|---|--|--------------------------|---|--|-------------------------------------|--|
| 4592 NW 203RD ST 4592 N.W. 203 STREE MIAMI FL 33055 MIAMI FL 33055 | | | Г | | DO NOT WRITE IN THIS SPACE | | |
| US US | | | | | 3. Date Incorporated or Qualified | | |
| İ | | | | | 06/18/1996 | • | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4, FEI Number | Applied For | |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 65-0676762 | Not Applicable | | |
| ├ ─┐ | | 27 Suite, April #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | | City & State | ly & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | 8 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Ζφ | Country | | 8. This corporation owes or has paid the | · · | |
| 24 | 25 29 30 | | 30 | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | |
| | | | | | 10. Name and Address of New Register | ad Agent | |
| BALDWIN, JOSEPH R | | | | | | | |
| 4592 N.W. 203 STREET MIAMI FL 330£6 | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptable) | | |
| 1 | anti i c oodbo | | 83 | | | | |
| | | | 84 | Cit | | les l zia Cada | |
| | | | 64 | City | F | L 85 Zip Code | |
| 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 register 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 | | | | | | | |
| 12. | prature typed or protect care or elegative term OF LICERS AN | encand the Capposance (NOT ID DIRECTORS | L: Registered Apor | t signature required | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | Р | DELETE | 1.1 7(TLE | | ADDITIONO/OFFACEO TO OFFICE IN | Change Addition | |
| NAME | DATE DATE OF COURTS | | 1.2 NAME | | | | |
| STREET ADDRESS | REET ADDRESS 4592 NW 203RD ST | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CHY-ST | - ZIP | | | |
| TITLE | | | 2.1 1/TLE | | | Change Addition | |
| NAME | BALDWIN, ANN | | 2.2 NAME | | | | |
| STREET ADDRESS | 4592 NW 203RD ST | | 2.3 STREET A | ł | | | |
| CITY-ST-ZIP TITLE | ZIP MIAMI FL DELETE | | | -ZIP | | Change Addition | |
| NAME | ן טבנבוג ו | | 3.1 TITLE 3.2 NAME | | | CT orientes CT Addition | |
| STREET ADDRESS | ss | | | 33 STREFT ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST | • | | | |
| TITLE | DELETÉ | | | | | Change Addition | |
| NAME | | | 4. 2 NAME | ļ | | | |
| STREET ADORESS | | | 4.3 STREET A | DDAESS | | | |
| CITY-ST-ZIP | | | 4.4 CiTY-ST | ZIP | | | |
| TITLE | | | 5.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET A | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY-ST 6.1 TITLE | - 219 | | ☐ Change ☐ Addition | |
| NAME | 1 | | 6.2 NAME | | 8000025415 | 538 AC | |
| STREET ADDRESS | | | 63 STREET A | DDBESS | 800002541 5 -06/01/9801011 | 004 PZ. | |
| CITY-ST-ZIP | | | 6.4 CITY - ST | | ***150.00 | 2.68 | |

14. I hereby certify that the information supplied with this filling 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 amount 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 his 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.