

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

FILED  
Jun 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Hoffmann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086076 (2)

1. Corporation Name  
J.V. REMODELING, INC.

Principal Place of Business  
2155 N.E. 171ST STREET  
NORTH MIAMI FL 33162

Mailing Address  
2155 N.E. 171ST STREET  
NORTH MIAMI FL 33162-3319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1986		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0700796		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent VACHON, JIM 2155 N.E. 171ST STREET NORTH MIAMI FL 33162				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	
TITLE	NAME	1.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	
TITLE	NAME	4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	
TITLE	NAME	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	
TITLE	NAME	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
TITLE	NAME	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: *Jim Vachon*

CR2E034 (9/96)