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FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000100550

1. Corporation Name
HOME REMODELING + FINANCING DEPOT, INC.

Principal Place of Business: PLAZA CENTRAL 5460 N. STATE RD 7 Suite 218 FT LAUDERDALE FLA 33319

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JANUARY 1 1997

4. FEI Number: 65-0718264 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

SAUL WOLF
3520 MYSTIC PT DRIVE
AVENTURA, FLA 33180
APT 1006

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 Saul Wolf SAUL WOLF 5-5-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	SAUL WOLF		1 2 NAME	
STREET ADDRESS	5460 N. STATE RD 7 Suite 218		1 3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FLA 33319		1 4 CITY-ST-ZIP	
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	LS 5-20
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	900002532869
TITLE		☐ DELETE	6 1 TITLE	-05/22/98--01020--003 ☐ Change ☐ Addition
NAME			6 2 NAME	***150.00
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Saul Wolf (SAUL WOLF) 4-27-98 954-733-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #