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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075567 (2)

A+ HOME IMPROVEMENT COMPANY

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			ss	•		r sadirdat tild satist addre dater dater bater sader britte deter dater sader		
18459 OLD PRINCETON LANE BOCA RATON FL 33498		18459 OLD PRINCETON LANE BOCA RATON FL 33498				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 08/29/1997		
2. Principal P	lace of Business	26	2a. Mailing Address 26			4. FEI Number 65/08/5570	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt.	Suite, Apt. #, etc.				75 Additional e Required	
City & Stat	е	City & State	City & State			· · · · · · - · · - · · · · · · · · · ·	00 May Be ded to Fees	
Zip 24	Country Z _{IP} (25 29 30			Country 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					10. Name and Address of New Registered Agent			
MORGENSTEIN, VLADIMIR				81	Name			
18459 OLD PRINCETON LANE BOCA RATON FL 33498				82				
			83					
				84	,	FL, j	Zip Code	
office or r	to the provisions of Sections 607, registered agent, or both, in the Sim familiar with, and accept the ol	tate of Florida. Such cha	inge was authoria	zed by	the corpora	rporation submits this statement for the purpose of changi ation's board of directors. I hereby accept the appointmen	ng its registered It as registered	
SIGNATURE	Signature, typod or printed name of registered	d agent and talu d applicable	(NOTE Registe	ared Age	nt signature requ	uired when reinslating) DATE		
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			DELETE 1.1	TITLE		President Char	nge 🔲 Addition	

NAME 1.2 NAME 18459 OLD PRINCETON LAND 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33498 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP **⊈(TY~**\$T-ZIP 14. Uhereby 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

V. Woren SIGNATURE:

VLADIMIR

MORGENSTEIN