

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101976 (3)

1. Corporation Name
DAVID SICLARI HOME SERVICES, INC.

Principal Place of Business
11806 N.W. 29 STREET
SUITE A-4
CORAL SPRINGS FL

Mailing Address
11806 N.W. 29 STREET
SUITE A-4
CORAL SPRINGS FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10715 N.W. 19 PLACE Suite, Apt. #, etc.		26. Mailing Address 26 10715 N.W. 19 PLACE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/01/1997	
22 City & State 23 CORAL SPRINGS, FLORIDA 24 Zip 33071 25 Country USA		27 City & State 28 CORAL SPRINGS, FLORIDA 29 Zip 33071 30 Country USA		4. FEI Number 65-0819067 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SICLARI, DAVID 11806 N.W. 29 STREET SUITE A-4 CORAL SPRINGS FL				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10715 N.W. 19 PLACE 83 84 City CORAL SPRINGS FL 85 Zip Code 33071			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SICLARI, DAVID	1.1 TITLE	SICLARI DAVID
NAME	11806 N.W. 29 STREET SUITE A-4	1.2 NAME	10715 N.W. 19 PLACE
STREET ADDRESS	CORAL SPRINGS FL	1.3 STREET ADDRESS	CORAL SPRINGS, FL. 33071
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: x

x 4-28-98 954-753-5809

CR2E034 (10/97)