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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90072 005 ***150.00

וותו זוב	ILLY, HANDYMAN, INC.					 			
<u> </u>) 11)) 11)(1		
Principal Plac	ce of Business	Mailing Address					.,		
5157 FLORIDA		5157 FLORIDA RD.							
VENICE FL 34293 VENICE FL 34293						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
1						03/19/1998			
7 Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
Principal Place of Business 2a. Mailing Address 21 26		— Ť	~			65-0820515		<u> </u>	ot Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.							Additional
22	-	27	•			5. Certificate of Status Desired	□	- Fee F	
City & Sta	ite	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curre	nt year Int	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New R	egistered .	Agent	
]			8	31 N	ame				
REILLY, RAY			la la	82 Street Address (P.O. Box Number is Not Acceptable)					
	7 FLORIDA RD.		}	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	So (F.O. Box (Vallion to Flory) despite			
VEN	IICE FL 34293		8	33					
	•		}_	34 C				de 7in	Code
			°	34 C	ıy		FL	85 Zip	Code
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505, Flor	ida Statut	es.	50.pb.a	ration submits this statement for the parties board of directors. I hereby accept	,		egistered
SIGNATURE	am familiar with, and accept the obl	igations of, Section 607.0505, Floa agent and the if applicable. (NOTE:	Registered A	es.		yhen reinstating)	DATE	5	
SIGNATURE	am familiar with, and accept the obling Signature. When of printed name of registered. OFFICERS	igations of, Section 607.0505, Flor agent and due if applicable. (NOTE: AND DIRECTORS	Registered Ac	es. gent sign		3-1	DATE	D DIRECT	ORS IN 12
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF