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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035931 ✓

1. Corporation Name
M. B. Home Improvement

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-21-98

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
21 5711 NW 69 Ave	26 5711 NW 69 Ave	65-0830163		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicable
22	27	5. Certifcate of Status Desired ☐		**$8.75** Additional Fee Required
City & State	City & State	6. Election Campaign Financing ☐		**$5.00** May Be Added to Fees
23 Tamarac Fla Broward	28 Tamarac, Fl Broward	Trust Fund Contribution		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No		
24 33321 25 USA	29 33221 30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	Michael W. Berman
82	Street Address (P.O. Box Number is Not Acceptable)	5711 NW 69 Ave
83		
84	City	Tamarac FL
85	Zip Code	33321

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 Pres V.P	Michael W. Berman ☐ DELETE	1.1 TITLE President	☐ Change	☐ Addition
NAME		1.2 NAME Michael W. Berman		
STREET ADDRESS	Sect 5711 NW 69 Ave	1.3 STREET ADDRESS 5711 NW 69 Ave, Tamarac Fla 33321		
CITY-ST-ZIP	Tamarac Fla 33321	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		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #