09231999-90001-041-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041353

1. Corporation Name
THE HOPE RESTORED PROPERTY MANAGEMENT AND MAINTENANCE INC.

9/23/99 90001 041 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
601 W OAKLAND PARK BLVD
FORT LAUD FL 33311

Mailing Address

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/04/1998

4. FEI Number
65-0821783
☐ Applied For
☐ Not Applicable

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PHILLIPS, BASIL T
2850 NW 36 AVE
LAUDERDALE LAKES FL 33311

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PHILLIPS, BASIL T 2850 NW 36 AVE LAUDERDALE LAKES, FL 33311	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR ROSEMARIE MCMASTER PHILLIPS 3001 NE 46ST FT. LAUD, FL 33308	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR BASIL T. PHILLIPS, JR 2850 NW 36 AVE FT. LAUD FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR NICOLE PHILLIPS 2850 NW 36 AVE FT. LAUD, FL 33311	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Basil T. Phillips BASIL T. PHILLIPS 8/27/99 954-561-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

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8/26/99

TO WHOM IT MAY CON

I WOULD LIKE TO I

MAILING THE CORPORATION ANNUAL REPORT. I DID NOT RECEIVE THE OTHER FORMS THAT WAS MAILED AT 601 W OAKLAND PARK BLVD. FT. LAU FL 33311. THE CORRECT MAILING ADDRESS IS P.O. BOX 490751 FT. LAU FL 33349.

I HAD MAILED IN A CHANG OF ADDRESS FORM, THAT WAS FOLLOWED BY SEVERAL PHONE CALLS

I AM MOST GRATEFUL TO AN EMPLOYEE BY THE NAME OF CLEWES, WHO WAS ABLE TO RESOLVE MY SITUATION. TO THAT EMPLOYEE I THANK AND APPRECIATE THE PROFESSIONALISM THAT WAS SHOWN.

SHOULD YOU HAVE QUESTIONS PLEASE CONTACT ME AT THE HOPE RESTORED PROPERTY MANAGEMENT AND MAINTENANCE INC. 954-561-1175

THANK YOU.

Paul T. Pharr