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

**FILED** May 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # S05625 (6)BETTER HOMES SIDING, INC. Principal Place of Business Mailing Address 3830 JOG RD 3830 JOG RD GREENACRES FL 33467-1516 **GREENACRES FL 33467-1516** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1990 04/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0229007 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 29 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent B1 Name YAREMA, RUSSELL A. **3830 JOG RD** 82 Street Address (P.O. Box Number is Not Acceptable) **GREENACRES FL 33463** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. 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 (NCITE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE Change Addition TITLE 1.1 TILLE YAREMA, RUSSELL A. NAME 1.2 NAME 386 GLENBROOK DR STREET ADDRESS 1.3 STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 1.4 CHTY - ST - ZIF DELFTE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CHY- S1 - ZIP DELETÉ Change Addition TITLE 3 1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE 4.1 TITLE Change \_\_\_ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 THLE

14. I do horeby 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 eath; 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 appendix with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP