## 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 # \$26112**

1. Corporation Name

HOME IMPROVEMENT PLUS, INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90085 032 \*\*\*150.00

Principal Place	e of Business	Mailing Address					
666 S. LAKEMO	ONT AVE	666 S. LAKEMONT AVE					
WINTER PARK I	FL 32792	WINTER PARK FL 32792		DO NOT WRITE IN THI	S SPACE		
}				3. Date Incorporated or Qualifed	3 SFACE		
				01/22/1991			i
- 5:	- ( D )	A Mailing Address		4. FEI Number	Ann	lied For	
2. Principal Place of Business  2a. Mailing Address  2b. Don Stan Way 26 409 St Don			de - Idau	59-3049076	<u> </u>	Applicable	
21 409	37. Donstan Way	26 707 57 Vons	Han May	39 3049070	\$8.75 A		
Suite, Apt.	#, etc.		_	5. Certifcate of Status Desired	Fee Red		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Ba	
23 \ N 10-1	-D-VE1	28 Wirter tark	FL	Trust Fund Contribution	Added to		<u> </u>
23 71 1117	Country	Zio	Country	8. This corporation owes the current year i	ntangible		
コジココ	92 200-202	2 32792 5 5 5 E	7 A	Personal Property Tax.		No.	
24 05 1	9. Name and Address of Corrent	T-21 OQ 1 02 122	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registere	d Agent	<b>*</b>	
			81 Name				
KENI	NELLY, THOMAS M.		20 00 4 6 6 6	(D.O. Day Mayber in Net Assessable)			
666 9	s. Lakemont ave		82 Street Addre	ress (P.O. Box Number is Not Acceptable)			
WINT	TER PARK FL 32792		83				
			84 City	F	85 Zip C	ode	
44 Burewant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named corp	poration submits this statement for the nurpose	of changing its i	registered	
TI. Puisuain	enistered agent, or both, in the State of	<sup>r</sup> Florida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the app	ointment as reg	istered	
onice or re	- f- milia- with and papare the obligation	and of Section 607 0505. Florida	Statutes				
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.				
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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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

Change