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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # \$37943** 

(5)

RO-PAT HOME IMPROVEMENT, INC. Ponoipal Page of Business Mailing Address 497 NW 70TH WAY 497 NW 70TH WAY MARGATE FL 33063 MARGATE FL 33063-4312 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1991 02/20/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0249798 Not Applicable 26 Suite: Ant #. erc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Country Country Zιμ 8. This corporation has liability for intangible tax under s. 199.032. 🔀 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VANDERHOOF, ROBERT N., JR. **497 NW 70TH WAY** Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 City 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. Land temilian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE or printed ricens, in regional collections and offerd apply, share (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 THEF Change \_\_\_ Addition 11.14 VANDERHOOF, ROBERT N, JR 1.2 NAME NAME **497 NW 70TH WAY** 1.3 STREET ADDRESS STREE ACCRETO MARGATE FL 1.4 CITY - \$1 - 7IP OHY 51 20 Change DELETE 21 TITLE Addition 1 111 22 NAME MANE 23 STREET ADDRESS SHOULD ALL BRIDS CID-14 DE 2 4 CHY-ST-ZIP Change DELETE Addition 3 1 TITLE BULL 3.2 NAME 1,454 3 3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP OPE 51-76 DELETE Addition 191.6 4.1 TITLE Change MWs 4. 2 NAME STREET ABOVE, ST 4.3 STREET ADDRESS 4.4 City-St-ZiP OTAL SE ZIE DELETE ☐ Change Addition THE 5.1 111LE NAME 5.2 NAME 5 3 STREET ADDRESS SHALL ADDRESS 5.4 CITY - ST - ZIP C 1 S 70 DELETE Change Addition 6.1 TITLE 10t F NAME 6.2 NAME STAGET ADDRESS 6.3 STREET ADDRESS 6.4 City - ST - ZIP OBY \$1.76

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in a satisfion 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

SIGNATURE:

FILED

Mar 31 1997 8:00am

Secretary of State

(96/6)