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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

E. B. REMODELING, INC.

**FILED** 

May 01 1998 8:00am

Secretary of State

						<u>-</u>	
Principal Place of Business Mailing Address					· <u>-</u>		areit aini biait mibit inni
1359 NW 997 MIAMI FL 331		1359 NW 99TH ST MIAMI FL 33147				DO NOT MOTE ALTIJO	20.405
						DO NOT WRITE IN THIS	SPACE
	_					<ol> <li>Date Incorporated or Qualified</li> <li>10/09/1992</li> </ol>	
2. Principal Place of Business 2a. Mailing Addre			ress			4. FEI Number	Applied For
1	_	26				65-0384194	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	θ	City & State	├─¬ ´			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip <b>29</b>	Country 30			8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Registered	Agent
BELLANCA, VINCENT 1359 NW 99TH ST MIAMI FL 33147					Name		
					82 Street Address (P.O. Box Number is Not Acceptable)		
•			j	83	***	:	
લો				<b>84</b> Ci	у	FL	85 Zip Code

agent. I all target with the design fine congrations of, section 607.0000, Profital Statutes:									
SIGNATURE Signature, typod or printed namin of registered apoil applicable (NOTE Registered Agont signature required when reinstalling)  DATE  DATE  OPEN  DATE  D									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DELETE	1.1 TITLE	☐ Change ☐ Addition						
NAME	BELLANCA, VINCENT	1.2 NAME							
STREET ADDRESS	1359 NW 99TH ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	1.4 CITY-\$T-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 - Zm	Change Addition						
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							

CITY-ST-ZIP 3.4. CITY-ST-ZIE DELETE 4.1 TITLE Change \_\_\_ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 900002508@ \_\_\_ Addition TITLE 5.1 TITLE -05/04/98--010164 NAME 5.2 NAME > \*\*\*8.75 STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE | 9**0**0002508**83**9 -05/04/98--01016--004 NAME 6.2 NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this thing 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 of 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 change), or on an attagrament with an address.

G.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

\*\*\*150.00