

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

FILED

Jun 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Motham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V70131 (0)

1. Corporation Name

REMODELERS DEPOT, INC.



Principal Place of Business

Mailing Address

8211 WEST BROWARD BLVD  
SUITE #330  
PLANTATION FL 33324  
US

8211 WEST BROWARD BLVD  
SUITE #330  
PLANTATION FL 33324  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1992

4. FEI Number

65-0365660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 9040 STATE ROAD 84

Suite, Apt. #, etc.

22 City & State

23 DAVIE, FLORIDA

Zip

24 33324

Country

25 US

2a. Mailing Address

26 9040 STATE ROAD 84

Suite, Apt. #, etc.

27 City & State

28 DAVIE, FLORIDA

Zip

29 33324

Country

30 US

9. Name and Address of Current Registered Agent

ADAMSON, DAVID  
8211 WEST BROWARD BLVD.  
SUITE #330  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

PABLO G. CAMUS

82 Street Address (P.O. Box Number is Not Acceptable)

9040 STATE ROAD 84

83

84 City

DAVIE

FL

85 Zip Code

33324

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ADAMSON, DAVID  
STREET ADDRESS 8211 WEST BROWARD BLVD, STE 330  
CITY-ST-ZIP PLANTATION FL  
☒ DELETE

TITLE VS  
NAME CAMUS, PABLO G.  
STREET ADDRESS 8211 WEST BROWARD BLVD, STE 330  
CITY-ST-ZIP PLANTATION FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition  
DELETED AS OF JAN. 1998

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
PRES/ SEC/ VP/ DIR  
CAMUS, PABLO G.  
9040 STATE ROAD 84  
DAVIE, FLORIDA 33324  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

PABLO G. CAMUS

4/30/98

(934) 452-6890

CFR2034 (10/97)