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 # 1. Corporation Name

(5)

DIMARE HOMESTEAD, INC.

FILED

Feb 18 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						
258 N.W. FIRST AVENUE FLORIDA CITY FL 33034 US		P.O. BOX 900460 HOMESTEAD FL 33090- US	HOMESTEAD FL 33090-0460		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/07/1967	
2. Principal Place of Business 2a. Mailing Address			_		4. FEI Number Applied For	_
21 26					59-1204511 Not Applicab	le
Suite, Apt. #, etc.			_		5. Certificate of Status Desired \$8.75 Additional	
22 27			_		Fee Required	
City & Stat	e 	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip Co		Countr	у	8. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Agent	
	ABIN, JEFFREY B		81	Name		
258 N.W. 1ST AVENUE Florida City Fl 33034			82	Street	Address (P.O. Box Number is Not Acceptable)	
•			63			
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutr	es, the abov	l e-named	d corporation submits this statement for the purpose of changing its registere	d
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida. Such change was a	authorized b	y the cor	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title it applicable. (NOTI	E: Registered Ag	ent signature	re required when reinstating) DATE	-
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	חכ
NAME	Di Mare, Paul J.		1.2 NAME			
STREET ADDRESS	258 NW 1ST AVENUE		1.3 STREE	T ADDRESS	25.04	
CITY-ST-ZIP	FLORIDA CITY FL			ST-ZIP	37034	
TITLE	\$	☐ DELETE 2.1 Te			↑ Change ☐ Addition	n
NAME	FEDELE, JOHN E.		2.2 NAME			
STREET ADDRESS	990 WASHINGTON ST #21	1	2.3 STREE	r address	-24	
CITY-ST-ZIP	DEDHAM MA	[]	2. 4 CITY-	ST-ZIP	33034	
TITLE	l Distance wighted c	☐ DELETE	3.1 TITLE		Change Addition	'n
NAME	DI MARE, THOMAS F.		3.2 NAME			
STREET ADDRESS	P.O. BOX 517, NA NEWMAN CA		1	I ADDRESS	953/	
CITY-\$1-ZIP	NEWMAN CA	☐ DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	ChiefeFinancial: Officer	
TALE		☐ occeie				м
NAME			4. 2 NAME		Jeffrey B. Rabin	
STREET ADORESS			1	ADDRESS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 9 5.1 TITLE	SF- ZIP	Florida City FL 33034	
NAME			5.2 NAME		- Statistic Distance	"
STREET ADDRESS			5.3 STREET	ADDECC		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE	ri-Cir	Change Additio	'n
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			- 1
44 14		To 11 1 11 11 11 11 11 11 11 11 11 11 11	0.7 0111-0	4.11	L. C.	—,

hat 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 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 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 k 13 if chapter 607 on an attachment with an address.

20198