


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90006 033 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005074

1. Corporation Name
HOUSING MANAGEMENT SERVICES INCORPORATED



Principal Place of Business 208 GOLDEN OAK CT #450 VIRGINIA BEACH VA 23452	Mailing Address 208 GOLDEN OAK CT #450 VIRGINIA BEACH VA 23452
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1997	
21 208 Golden Oak Ct, #450	26	4. FEI Number 54-1864180		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Va. Beach, VA	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 23452	25 USA	29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLBEC, BRADLEY P	1.2 NAME	
STREET ADDRESS	208 GOLDEN OAK CT #450	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRES / TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, NARCISA	2.2 NAME	
STREET ADDRESS	208 GOLDEN OAK CT #450	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PRES / SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPHBERG, ROBERT H	3.2 NAME	
STREET ADDRESS	208 GOLDEN OAK CT #450	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, STEVEN B	4.2 NAME	
STREET ADDRESS	208 GOLDEN OAK CT #450	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, ARTHUR B	5.2 NAME	
STREET ADDRESS	208 GOLDEN OAK CT #450	5.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WILLIAM C. STEAD
STREET ADDRESS		6.3 STREET ADDRESS	208 Golden Oak Ct, #450
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Va. Beach, VA 23452

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: ROBERT H JOSEPHBERG 7-7-99 (757) 463-1970

CR2E034 (5/99)