

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
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PROFIT CORPORATION ANNUAL REPORT 1996



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

96 MAY -1 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G20146 (8)**

1. Corporation Name
HOMEOWNERS MARKETING SERVICES INTERNATIONAL, INC



Principal Place of Business: **6365 TAFT ST SUITE #2000 HOLLYWOOD FL 33024 US**
Mailing Address: **6365 TAFT ST SUITE #2000 HOLLYWOOD FL 33024 US**

3. Date Incorporated or Qualified: **01/19/1983**
3a. Date of Last Report: **05/30/1995**
4. FEI Number: **59-2253060**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 400 SAWGRASS CORPORATE Pkwy SUITE, Apt. #, etc. 22 SUNRISE, FLORIDA 24 33325 25 Country**
2a. Mailing Address: **26 400 SAWGRASS CORPORATE Pkwy SUITE, Apt. #, etc. 27 SUNRISE, FLORIDA 29 33325 30 Country**

9. Name and Address of Current Registered Agent
**STEWART, MELVIN
6365 TAFT STREET, #2000
SUITE #2000
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent
81 Name: **JONES, MICHAEL F.**
82 Street Address (P.O. Box Number is Not Acceptable): **400 SAWGRASS CORPORATE PARKWAY**
83 City: **SUNRISE**
84 State: **FL**
85 Zip Code: **33325**

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]* DATE: **5/9/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCELLATO, CARL	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, MELVIN	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, MICHAEL F	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MORRIS, C G	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
1.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900001825869
2.4 CITY-ST-ZIP	-05/17/96--01007--016 ****200.00 ****200.00
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
3.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VTD
4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
4.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S KAREN CHILDRESS
5.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
5.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>[Signature]</i>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **4/16/96**

CR2E034 (12/95)