


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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # G20146 (8)**  
 1. Corporation Name  
**HOMEOWNERS MARKETING SERVICES INTERNATIONAL, INC**



|  |   |
|--|---|
| Principal Place of Business<br><b>400 SAWGRASS CORPORATE PWY<br/>SUNRISE FL 33325<br/>US</b> | Mailing Address<br><b>400 SAWGRASS CORPORATE PWY<br/>SUNRISE FL 33325-6235<br/>US</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/19/1983</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-2253060</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip Country                | 28. Zip Country         |
| 24. Zip                        | 29. Zip                 |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent  
**JONES, MICHAEL F  
400 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33325**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name<br><b>KAREN CHILDRESS</b>   |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>400 SAWGRASS CORPORATE PKWY</b> |
| 83. City<br><b>SUNRISE</b>   |
| 84. State<br><b>FL</b>   |
| 85. Zip Code<br><b>33325</b>   |

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: **3/14/97**

12. OFFICERS AND DIRECTORS

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | PD                                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>BUCCELLATO, CARL</b>               |  |
| STREET ADDRESS | <b>400 SAWGRASS CORPORATE PARKWAY</b> |  |
| CITY-ST-ZIP    | <b>SUNRISE FL 33325</b>               |  |
| TITLE          | S                                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>CHILDRESS, KAREN</b>               |  |
| STREET ADDRESS | <b>400 SAWGRASS CORPORATE PARKWAY</b> |  |
| CITY-ST-ZIP    | <b>SUNRISE FL 33325</b>               |  |
| TITLE          | S                                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>JONES, MICHAEL F</b>               |  |
| STREET ADDRESS | <b>400 SAWGRASS CORPORATE PARKWAY</b> |  |
| CITY-ST-ZIP    | <b>SUNRISE FL 33325</b>               |  |
| TITLE          | VT                                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>MORRIS, C G</b>                    |  |
| STREET ADDRESS | <b>400 SAWGRASS CORPORATE PARKWAY</b> |  |
| CITY-ST-ZIP    | <b>SUNRISE FL 33325</b>               |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/14/97** (954) 845-9100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)