

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 17 1998 8:00am
Secretary of State

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



Principal Place of Business Mailing Address
400 SAWGRASS CORPORATE PWY **400 SAWGRASS CORPORATE PWY**
SUNRISE FL 33325 **SUNRISE FL 33325**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1983	
21		26		4. FEI Number 59-2253060	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CHILDRESS, KAREN 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325				81 Name Cynthia Starrett	
				82 Street Address (P.O. Box Number Is Not Acceptable) 400 Sawgrass Corporate Pkwy	
				83	
				84 City Sunrise 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 Cynthia Starrett **8/31/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCELLATO, CARL	1.2 NAME	Alan Pyles
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	1.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP	SUNRISE FL 33325	1.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, KAREN	2.2 NAME	Howard Wolk
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	2.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP	SUNRISE FL 33325	2.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, C G	3.2 NAME	Cynthia Starrett
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	3.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP	SUNRISE FL 33325	3.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Nathan Wolk
STREET ADDRESS		4.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Cynthia Starrett **8/31/98** (954) 845-9100

CR2E034 (5/98)