

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90042 001 ***158.75

0306585

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

DOCUMENT # G20146

1. Corporation Name
HOMEOWNERS MARKETING SERVICES INTERNATIONAL, INC

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 551540
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Lauderdale, FL
Zip 24	Country 29 33355-1540 30 USA

3. Date Incorporated or Qualified 01/19/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2253060	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5:00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STARRETT CYNTHIA
400 SAWGRASS CORP PKWY
SUNRISE FL 33325

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

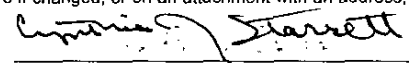
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	PYLES ALAN
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	SUNRISE FL 33325
TITLE	V <input type="checkbox"/> DELETE
NAME	WOLK HOWARD
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	SUNRISE FL 33325
TITLE	T <input type="checkbox"/> DELETE
NAME	STARRETT CYNTHIA
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	SUNRISE FL 33325
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WOLK NATHAN
STREET ADDRESS	400 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE FL 33325
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cynthia J. Starrett
4.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
4.4 CITY-ST-ZIP	Sunrise, FL 33325
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 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, with all other like empowered.

SIGNATURE:  **Cynthia J. Starrett Secy/Treas 1/26/99 (954) 845-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)