

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G42293**

(2)

1. Corporation Name

HOMENETMEN OF SOUTH FLORIDA, INC.

Principal Place of Business

**1594 E. ATLANTIC BLVD., 200
POMPANO BEACH FL 33080**

Mailing Address

**1594 E. ATLANTIC BLVD., 200
POMPANO BEACH FL 33080**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1983

3a. Date of Last Report

12/28/1994

4. FEI Number

59-2111585

Applied For

Not Applied

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**BAKERDJIAN, JIRAIR
1591 E. ATLANTIC BLVD.
STE. 200
POMPANO BEACH FL 33080**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 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 type and position of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LARNOYAN, VASKEN**
STREET ADDRESS **250 NE 56 COURT**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **T**
NAME **KOUYOUNDJIAN, RITA**
STREET ADDRESS **2645 NW 108 TERRACE**
CITY-STATE-ZIP **SUNRISE FL**

TITLE **VS**
NAME **ESMERIAN, HAROUT**
STREET ADDRESS **250 N.E. 56 COURT**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T.**
1.2 NAME **TOKATLIAN, HAGOP**
1.3 STREET ADDRESS **250 NE 56 COURT**
1.4 CITY-STATE-ZIP **FT. LAUDERDALE FL**

2.1 TITLE **T**
2.2 NAME **KASSARJIAN, KRTROR**
2.3 STREET ADDRESS **250 NE 56 COURT**
2.4 CITY-STATE-ZIP **FT. LAUDERDALE FL**

3.1 TITLE **P.**
3.2 NAME **Mazmanian, Elie**
3.3 STREET ADDRESS **250 NE 56 Ct.**
3.4 CITY-STATE-ZIP **Pt. Lauderdale FL**

4.1 TITLE **S.**
4.2 NAME **Lekhoyan Vasken**
4.3 STREET ADDRESS **250 NE 56 Court**
4.4 CITY-STATE-ZIP **Pt. Lauderdale FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/95 (954) 964-0703