

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY - 1 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H24099 (4)**
1. Corporation Name
HOMEOWNERS MARKETING SERVICES REAL ESTATE CORPORATION



Principal Place of Business Mailing Address
6365 TAFT STR HOLLYWOOD FL 33024 US

3. Date Incorporated or Qualified **10/02/1984** 3a. Date of Last Report **05/30/1995**
4. FEI Number **65-0292864** Applied For Not Applicable
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 2a. Mailing Address
21 **400 SAWGRASS CORPORATE PKWY** 26 **400 SAWGRASS CORPORATE PKWY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **SUNRISE, FLORIDA** 28 **SUNRISE, FLORIDA**
Zip Country Zip Country
24 **33325** 25 29 **33325** 30

9. Name and Address of Current Registered Agent
STEWART, MELVIN
6365 TAFT STREET, #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
84 City **SUNRISE** FL 85 Zip Code **33325**

11. Pursuant to the provisions of Sections 607.0507 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 607.0305, Florida Statutes.

SIGNATURE *Michael Jones* DATE **5/9/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, MELVIN	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORRIS, C G	
STREET ADDRESS	6365 TAFT ST #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUCCELLATO, CARL	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	JONES, MICHAEL F.	
STREET ADDRESS	6365 TAFT ST #2000	
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	600001821286	
1.3 STREET ADDRESS	-05/14/96--01131--004	
1.4 CITY - ST - ZIP	***200.00 ***200.00	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
2.4 CITY - ST - ZIP	SUNRISE, FLORIDA 33325	
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		
4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
4.4 CITY - ST - ZIP	SUNRISE, FLORIDA 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 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 or change of address on an attachment with an address.

SIGNATURE: *Michael Jones* DATE: **4/17/96**

CR2E034 (12/95)