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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

Mailing Address
400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325-6235
US

3. Date Incorporated or Qualified 10/02/1984
3a. Date of Last Report 05/01/1996

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

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

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

10. Name and Address of New Registered Agent
81 Name KAREN CHILDRESS
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 [Signature] 3/14/97
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	TD	1.1 TITLE	
NAME	MORRIS, C G	1.2 NAME	
STREET ADDRESS	400 SAWGRASS CORPORATE PWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33325	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	
NAME	BUCCELLATO, CARL	2.2 NAME	
STREET ADDRESS	400 SAWGRASS CORPORATE PWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33325	2.4 CITY - ST - ZIP	
TITLE	SV	3.1 TITLE	S
NAME	JONES, MICHAEL F.	3.2 NAME	KAREN CHILDRESS
STREET ADDRESS	400 SAWGRASS CORPORATE PWY	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	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

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

CR2E034 (9/96)