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FILED
May 06 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # M72417 (2)
 1. Corporation Name
HOME SERVICES, INC.



Principal Place of Business: **8207 ROYAL SAND CIR STE 205 TAMPA FL 33615 US**
 Mailing Address: **PO BOX 272322 TAMPA FL 33688 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1515 NE 138 STREET	26	1515 NE 138 STREET	03/11/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0032020	
City & State		City & State		Applied For	
23	NORTH MIAMI, FL	28	NORTH MIAMI, FL	Not Applicable	
24	Zip 33161	29	Zip 33161	5. Certificate of Status Desired <input type="checkbox"/>	
25	Country DADE	30	Country DADE	\$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
8207 ROYAL SAND CIR TAMPA FL 33615		81 Name CARLOS OLIVERAS			
		82 Street Address (P.O. Box Number is Not Acceptable) 1515 NE 138 STREET			
		83			
		84 City NORTH MIAMI FL 85 Zip Code 33161			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 <i>[Signature]</i>	DATE 4/27/98
(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERAS, CARLOS	1.2 NAME	
STREET ADDRESS	8207 ROYAL SAND CIR STE 205	1.3 STREET ADDRESS	1515 NE 138 STREET
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERAS, ALEXANDRA	2.2 NAME	
STREET ADDRESS	8207 ROYAL SAND CIR STE 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *[Signature]* DATE: **4/27/98** 3059491827

CR2E034 (10/97)