


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N96000005845 1. Corporation Name THE HOMETOWN NEIGHBORHOODS INSTITUTE, INC.		
Principal Place of Business	Mailing Address	
701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131	701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131	

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99 JAN 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/15/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0871064
24 Country	29 Country	Applied For
	30	Not Applicable
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

9. Name and Address of Current Registered Agent PETREY, RODERICK N 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D EMBRY, JOEL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMBRY, JOEL	1.2 NAME	Joel Embry
STREET ADDRESS	FIVE SOUTH 3RD STREET	1.3 STREET ADDRESS	Five South 3rd St.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Fernandina Bch, FL 32034
TITLE	D PETREY, RODERICK N <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETREY, RODERICK N	2.2 NAME	Roderick Petrey
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	2.3 STREET ADDRESS	701 Brickell Ave # 3000
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	miami, FL 33131
TITLE	D GLASS, W. REEDER <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, W. REEDER	3.2 NAME	Reeder Glass
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	3.3 STREET ADDRESS	1201 W. Peachtree St., NE
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300002766303--5
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-02/05/99--01096--006
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	*****61.25 <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	<input type="checkbox"/> DELETE	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 617, 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: THE Hometown Neighborhoods Institute, Inc.
Roderick N. Petrey, VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/22/99 Daytime Phone #: (305) 789-7722

CR2E037 (11/98)