

**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 # P94 000022102**  
1. Corporation Name

Florida Home Mart, Inc.

Principal Place of Business Mailing Address  
8005 North Dale Mabry Hwy.  
Tampa, FL 33614

APPROVED  
AND  
FILED  
95 JUN 23 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/19/94		3a. Date of Last Report	
4. FEI Number 59-3234157		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 same				2a. Mailing Address 26				4. FEI Number 59-3234157				Applied For Not Applicable	
Suits, Apt. #, etc. 22				Suits, Apt. #, etc. 27				5. Certificate of Status Desired <input type="checkbox"/>				\$0.75 Additional Fee Required	
City & State 23				City & State 28				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent  
Neil S. Schecht, Esquire  
McLean & Schecht, P.A.  
4830 W. Kennedy Blvd., Suite 280  
Tampa, FL 33609

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Brescia	1 2 NAME	
STREET ADDRESS	1540 Gulf Blvd., Apt. 401	1 3 STREET ADDRESS	500001522675
CITY - ST - ZIP	Clearwater, FL 34630	1 4 CITY - ST - ZIP	-06/26/95--01023--001
TITLE	Jamie Willis	2 1 TITLE	***225.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director, Secretary, Treasurer	2 2 NAME	
STREET ADDRESS	3155 Shoreline Drive	2 3 STREET ADDRESS	
CITY - ST - ZIP	Clearwater, FL 34620	2 4 CITY - ST - ZIP	
TITLE	Don	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	Art Brescia, Director and Asst. Secretary	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS	1817 Aralia Drive	4 3 STREET ADDRESS	
CITY - ST - ZIP	Mt. Prospect, IL 60056	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 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)(a), 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 Robert Brescia Robert Brescia / Pres. 5/8/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #