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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000057206**

1. Corporation Name
THE HOMES REVIEW OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 12773 FOREST HILL BLVD., #101
 WELLINGTON FL 33414

Mailing Address
 12773 FOREST HILL BLVD., #101
 WELLINGTON FL 33414

3. Date Incorporated or Qualified
08/01/1994

2. Principal Place of Business
21 1191A SUMMIT PLACE CIRCLE

2a. Mailing Address
26 PMB# 1606

4. FEI Number
65-0507158

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

27 **958 S. MILITARY TRAIL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 WEST PALM BEACH, FL

28 **WEST PALM BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 33415 25 USA

29 **33405** 30 **USA**

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PAULL, RICHARD J
 12783-A FOREST HILL BLVD
 WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name **MARC J. FISHMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1191A SUMMIT PLACE CIRCLE**

84 City **WEST PALM BEACH FL** 85 Zip Code **33415**

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]* **MARC J. FISHMAN, PRESIDENT** **4/26/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **FISHMAN, MARC J**
 STREET ADDRESS **1191-A SUMMIT PLACE CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** DELETE
 NAME **STEINHORN, JOYCE**
 STREET ADDRESS **1021 CHERRY LANE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **JOYCE STEINHORN**
 2.3 STREET ADDRESS **3909 SUMMER CHASE COURT**
 2.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *[Signature]* **4/26/99 501-616-0553**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)