

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000035367**

1. Corporation Name  
**HOME LINK OF FLORIDA, INC**

Principal Place of Business Mailing Address  
**2001 W CYPRESS CREEK RD. SUITE 103 FT. LAUDERDALE, FL 33309** **SAME**

2. Principal Place of Business Mailing Address  
21. **2001 W. CYPRESS CREEK** 26. **SAME**  
22. **103** 27. **SAME**  
23. **FT. LAUDERDALE** 28. **SAME**  
24. **33309** 25. **BROWARD** 29. **FL** 30. **USA**

3. Date Incorporated or Qualified **5-5-95** 3a. Date of Last Report **N/A**  
4. FEI Number  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  
**UNKNOWN**

10. Name and Address of New Registered Agent  
81 Name **VIRGINIA MAHAN**  
82 Street Address (P.O. Box Number is Not Acceptable) **8004 HAGS DE CAMPO BLVD, # 303-C**  
83  
84 City **TAMARAC** FL 85 Zip Code **33321**

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 *Virginia Mahan* DATE

12. OFFICERS AND DIRECTORS

1. NAME	<b>SERBIO WAINSZTEIN</b> <input checked="" type="checkbox"/> DELETE
2. STREET ADDRESS	<b>1767 NW 91ST AVE.</b>
3. CITY, ST, ZIP	<b>PLANTATION, FL 33322</b>
4. NAME	<b>FLAVIO SCHONHOLTZ</b> <input checked="" type="checkbox"/> DELETE
5. STREET ADDRESS	<b>327-06 IVES DAIRY RD.</b>
6. CITY, ST, ZIP	<b>N. MIAMI, FL 333179</b>
7. NAME	<input type="checkbox"/> DELETE
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	<input type="checkbox"/> DELETE
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	<b>M. MATSON</b>
3. 3. STREET ADDRESS	<b>2001 W CYPRESS CREEK RD. #103</b>
4. 4. CITY, ST, ZIP	<b>FT. LAUDERDALE, FL 33309</b>
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY, ST, ZIP	
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY, ST, ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY, ST, ZIP	

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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)(k), 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 of this change form or on an attachment with an address.

SIGNATURE: *M. Matson* **Fees** **2/23/96** **305-776-8222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR