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FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000103325 (2)

1. Corporation Name
HOMELIFE-TEC INC.



Principal Place of Business

Mailing Address

3400 S. TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

3400 S. TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1996

4. FEI Number

65-0720983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 8753 Merion Ave

Suite, Apt. #, etc.

22 City & State

23 Sarasota, FL

Zip

24 34238

Country

25 USA

2a. Mailing Address

26 P.O. Box 785

Suite, Apt. #, etc.

27 City & State

28 Osprey, FL

Zip

29 34229

Country

30 USA

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
3400 S. TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

B1 Name

Siegfried Roth

B2 Street Address (P.O. Box Number is Not Acceptable)

8753 Merion Ave

B3

B4 City

Sarasota

FL

B5 Zip Code

34238

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 S. Roth, President

02.17.1998

Signature, full 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 ROTH, SIEGFRIED
STREET ADDRESS 8753 MERION AVE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME ROTH, EDITH
STREET ADDRESS 8753 MERION AVE
CITY-ST-ZIP SARASOTA FL

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 D.P.T. Roth, Siegfried
1.3 STREET ADDRESS P.O. Box 785
1.4 CITY-ST-ZIP Osprey, FL 34229 (N/A)

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D. VP, S.
2.3 STREET ADDRESS Roth, Edith
2.4 CITY-ST-ZIP P.O. Box 785, Osprey, FL 34229 (N/A)

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.

SIGNATURE S. Roth

02.17.1998 (041)0100325

CR2E034 (10/97)