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**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
**9400 S. TAMiami TRAIL
SUITE 303
SARASOTA FL 34239**

Mailing Address
**3400 S. TAMiami TRAIL
SUITE 303
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **8753 Merion Ave**

Suite, Apt. #, etc.

22 City & State
Sarasota, FL

24 Zip
34238

25 Country
USA

2a. Mailing Address
26 **P.O. Box 785**

Suite, Apt. #, etc.

27 City & State
Osprey, FL

29 Zip
34229

30 Country
USA

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

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
81 Name **Siegfried Roth**
82 Street Address (P.O. Box Number is Not Acceptable) **8753 Merion Ave**
83
84 City **Sarasota** FL 85 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**

DATE **02.17.1998**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **ROTH, SIEGFRIED**
STREET ADDRESS **8753 MERION AVE**
CITY-ST-ZIP **SARASOTA FL**

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)

TITLE **D** DELETE
NAME **ROTH, EDITH**
STREET ADDRESS **8753 MERION AVE**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE Change Addition
2.2 NAME **D, VP, S. Roth, Edith** (N/A)
2.3 STREET ADDRESS **P.O. Box 785, Osprey, FL 34229**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
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**

DATE **02.17.1998** (96010103325)

CFR2034 (10/97)