

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90114 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000077313**
 1. Corporation Name
HOMELINE U.S.A., INC.

Principal Place of Business: **9869 KILGORE ROAD ORLANDO FL 32836**
 Mailing Address: **P O BOX 1344 WINDERMERE FL 34786 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2761 Cedar Dr**
 2a. Mailing Address: **P.O. Box 490**
 23. City & State: **Riva, Md**
 28. City & State: **Edgewater MD**
 24. Zip: **21140** Country: **USA**
 29. Zip: **21037** Country: **USA**

3. Date Incorporated or Qualified: **09/05/1997**
 4. FEI Number: **59-3474041**
 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 the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
COOK, JOHN F
9869 KILGORE ROAD
ORLANDO FL 32836

10. Name and Address of New Registered Agent
 81 Name: **Mulligan, Carol J.**
 82 Street Address (P.O. Box Number is Not Acceptable): **105 Melbourne Ave**
 84 City: **Indianapolis** FL 85 Zip Code: **32903**

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: Carol J. Mulligan DATE: 4-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	COOK, JOHN F	1.2 NAME	Cook, John F.
STREET ADDRESS	9869 KILGORE RD	1.3 STREET ADDRESS	2761 Cedar Dr
CITY-ST-ZIP	ORLANDO FL 32836	1.4 CITY-ST-ZIP	Riva MD 21140
TITLE	VPS	2.1 TITLE	VPS
NAME	COOK, MARILYN R	2.2 NAME	Cook, Marilyn R
STREET ADDRESS	9869 KILGORE RD	2.3 STREET ADDRESS	2761 Cedar Dr
CITY-ST-ZIP	ORLANDO FL 32836	2.4 CITY-ST-ZIP	Riva MD 21140
TITLE		3.1 TITLE	VPT
NAME		3.2 NAME	Mulligan, Carol J.
STREET ADDRESS		3.3 STREET ADDRESS	105 Melbourne Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Indianapolis FL 32903
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Marilyn R Cook DATE: 2/24/99 DAYTIME PHONE #: 407-876-4663

CR2E034 (11/98)