

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

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S66938 (9)

1. Corporation Name
NEW HOME SPECIALIST MARKETING GROUP, INC.



Principal Place of Business
7040 W. PALMETTO PARK RD.
SUITE 2-545
BOCA RATON FL 33433

Mailing Address
7040 W. PALMETTO PARK RD.
SUITE 2-545
BOCA RATON FL 33433-3407

3. Date Incorporated or Qualified 07/15/1991
3a. Date of Last Report 02/01/1996

21. Principal Place of Business
2300 Glades Road
Suite, Apt. #, etc.

2a. Mailing Address
2300 Glades Road
Suite, Apt. #, etc.

4. FEI Number 65-0298349
Applied For Not Applicable

22. Suite 330 West

27. Suite 330 West

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

23. Boca Raton, FL

28. Boca Raton, FL

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

24. Zip 33431 Country USA

29. Zip 33431 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, ROBERT A.
7040 W. PALMETTO PARK ROAD
SUITE 2-545
BOCA RATON FL 33433
2300 Glades Road
Suite 330 West
Boca Raton, FL 33431

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 X *Jessy Burkett* DATE X 1/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHULTZ, ROBERT A.	
STREET ADDRESS	7040 W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURKETT, MARGARET A	
STREET ADDRESS	10430 PLAZA CENTRO	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	X Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10430 PLAZA CENTRO
1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002083380
5.3 STREET ADDRESS	-02/11/97--01042--055
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: X *Jessy Burkett* DATE X 2/3/97

CR2E034 (9/96)

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