

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90120 032 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S66938**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2300 GLADES ROAD
SUITE 330 West
BOCA RATON FL 33431

Mailing Address
2300 GLADES ROAD
SUITE 330 West
BOCA RATON FL 33431

3. Date Incorporated or Qualified
07/15/1991

2. Principal Place of Business
 21 [] Suite, Apt. #, etc.
 22 [] City & State
 23 [] Zip
 24 [] Country

2a. Mailing Address
 26 [] Suite, Apt. #, etc.
 27 **Suite 330 West**
 28 [] City & State
 29 [] Zip
 30 [] Country

4. FEI Number
65-0298349

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SCHULTZ, ROBERT A.
2300 GLADES ROAD
SUITE 330 West
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **Suite 330 West**
 84 City **FL** 85 Zip Code

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 **ROBERT A. SCHULTZ pres. x 2/7/99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHULTZ, ROBERT A.	
STREET ADDRESS	18430 PLAZA CENTRO	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURKETT, MARGARET A	
STREET ADDRESS	18430 PLAZA CENTRO	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	Steven R. Hoffacker	<input type="checkbox"/> DELETE
NAME	2919-E North Military Trail	
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7814 Villa d'Este Way address
1.3 STREET ADDRESS	Delray Beach, FL 33446
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7814 Villa d'Este Way address
2.3 STREET ADDRESS	Delray Beach, FL 33446
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: **ROBERT A. SCHULTZ** x **561-368-1151**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)