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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

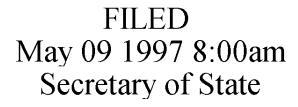
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061274 (2)

HOME MART DISTRIBUTION CENTER, INC.

Principal Place of Business **5208 NORTH STATE ROAD 7** Mailing Address

5208 NORTH STATE ROAD 7





TAMARAC FL 33319		TAMARAC FL 33319-3324											
						3.	Date Incorporated 07/23/1996	or Qualified	3a. Dai	le of Las	t Report		
2. Principal Place of Business		2a. Mailing Address				4.	FEI Number				Applied	For	
21		26				- 4	55-069	1813			Not App	olicable	
Suite, Apt. #, e)c.		Suite, Apt. #, etc.				5.	Certificate of Status	Desired	d S8.75 Additional Fee Required				
City & State		City & State					Election Campaign Trust Fund Contribu	•			00 May		
24 25	Country 29	Z ip	30 Cou	ntry		₿.	This corporation ha Florida Statutes	s liability for in		ax unde	rs. 199.	032,	
9, Name and	Address of Current Regist	ered Agent				10.	Name and Addres			_			
Willner, Robin I				81	Name								
HERZFELD & RUBI					Street Address (P.O. Box Number is Not Acceptable)								
601 BRICKELL AVE	NUE #1501												
MIAMI FL 33131				83									
			•	84	City				FL	85 Z	p Code		
 Pursuant to the provisions office or registered agent, agent. I am familiar with, ar 	of Sections 607,0502 and 60 or both, in the State of Florid accept the obtigations of	la. Such change was a	iuthorizec	yd t	the corpora	orporation ration's b	n submits this stater poard of directors. I t	nent for the punereby accept	rnone of	changing intmont	g its regis	stered tered	
SIGNATURE Signature, typed or prin	nted name of registered agent and title	1 applicative. (NOTE	Registered	Ager	nt signature requ	quired when	roinslating)		DATE				
12.	OFFICERS AND DIREC		13.			1	ADDITIONS/CHANG	ES TO OFFICE	RS AND	DIRECT	ORS IN	12	
TOLE D		☐ DELETE	1,1 1(1	LE						Chang	e 🗌	Addition	
NAME MARTINEZ, V	VILSON		1.2 NA	ME.									
TARABAN PA	STATE ROAD 7			.3 STREET ADDRESS									
CITY-ST-ZIP TAMARAC FL	. 33319	DELETE	1.4 CI		1 - ZIP				₁	٦,			
NAME			2.1 111						l] Chang	6	Addition	
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		*********								
CITY-ST-ZIP			2 # CITY-ST-ZIP		1								
TITLE		DELETE	31 III		1-211					Chang	e T	Addition	
NAME			3 2 NA	ME					•				
STREET ADDRESS			3.3 \$10	REET A	ADDRESS								
CITY-ST-ZIP			3.4. CI	IY-SI	1- Z IP								
TITLE		☐ DELETE	4.1 10	Lf					Ī	Chang	е 🛄	Addition	
NAME			4. P NA	ME									
STREET ADDRESS			4.3 ST	REET /	ADDRESS								
CITY-ST-ZIP			4.4 CIT		÷ ZIP								
FITLE		☐ DELETE	5.1 7/1						L	Chang	e [_]	Addition	
NAME CTREET ADDRESS	~		5.2 NA										
STREET ADDRESS CITY-ST-ZIP					ADDRESS								
TITLE	//	DELETE	5.4 CIT 6.1 TIT		-70P				·	Change	, _[]	Addition	
NAME	V	L. DILLIE	6.2 NA						L	"T cuanti	: [_]:	HUUIJIDII	
STREET ADDRESS	Λ.				ADDRESS								
CITY-ST-ZIP	<i>1 X</i>												
14. I do hereby certify that the	information supplied with thi	s filing does not qualify	6.4 CIT			ed in So	ction 119 07/31/01 El	orida Statutos	Lfurthor	oorlide th	of the		

a total report of supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that it corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if changed, or on an attachment with an address. information indicate (on I am an officer or directe appears in Block 12 of E