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FILED  
Mar 19 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 # 109220 (4)

1. Corporation Name  
HOME SEEKERS REALTY COMPANY

Principal Place of Business

BARNETT BANK PLAZA  
ONE E BROWARD BLVD STE 1101  
FT. LAUDERDALE FL 33301

Mailing Address

BARNETT BANK PLAZA  
ONE E BROWARD BLVD STE 1101  
FT. LAUDERDALE FL 33301-1842

2. Principal Place of Business

21 Suite, Apt #, etc.  
22 LAS OLAS CENTRE  
450 EAST LAS OLAS BOULEVARD, #900  
FORT LAUDERDALE, FLORIDA 33301

24 Zip Country

2a. Mailing Address

26 LAS OLAS CENTRE  
450 EAST LAS OLAS BOULEVARD, #900  
FORT LAUDERDALE, FLORIDA 33301

28 Zip Country

3. Date Incorporated or Qualified  
12/27/1920

3a. Date of Last Report  
03/07/1996

4. FEI Number

59-6062837

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STOTZER, T.R.  
200 S PARK RD  
SUITE 200  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 PD  
NAME HORVITZ, W D  
STREET ADDRESS 1 E BROWARD BLV STE 1101  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD  
NAME KANE, F. E.  
STREET ADDRESS 1 E BROWARD BLV STE 1101  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LAS OLAS CENTRE  
1.2 NAME 450 EAST LAS OLAS BOULEVARD, #900  
1.3 STREET ADDRESS FORT LAUDERDALE, FLORIDA 33301  
1.4 CITY-ST-ZIP

2.1 TITLE LAS OLAS CENTRE  
2.2 NAME 450 EAST LAS OLAS BOULEVARD, #900  
2.3 STREET ADDRESS FORT LAUDERDALE, FLORIDA 33301  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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

CR2E034 (9/96)