SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

HOMESURE OF AMERICA, INC.

## FILED Sep 23 1998 8:00am Secretary of State

|--|--|

Principal Plac	e of Business	Mailing Address				IDIA BIBAN DIDII DIBII BIDII DIDII IDBI		
400 SAWGRASS CORPORATE PWY			400 SAWGRASS CORPORATE PWY					
SUNRISE FL 33	325	SUNRISE FL 33325			DO NOT WRITE IN	THIS SPACE		
US		US			3. Date Incorporated or Qualified			
Ì					10/23/1978			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26]			59-1855827	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Commond of Oracos Desired	Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be		
23	and the second s	28			Trust Fund Contribution	Added to Fees		
Ζφ	Country	Zip	Country		8. This corporation owes or has paid the	e current year Intangible  X Yes No		
24	25] 9. Name and Address of Current	29 Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Register			
0.11		itogratored rigeris	81	Name C				
	DRESS, KAREN		82	CAL	Cynthia Starrett			
	400 SAWGRASS CORPORATE PWY SUNRISE FL 33325				treet Address (P.O. Box Number is Not Acceptable)			
JUN	NISE FL 33323		83	4U	400 Sawgrass Corporate Pkwy-			
			84	City		FL 85 Zip Code		
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the above-r	amed corpor	Inrise ation submits this statement for the purpose	of changing its registered		
office or	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida, Such change was a	authorized by t	he corporatio	ation submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered		
		1ANOTT T		אוא		8/21/00		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NC	OTE: Registered Age	ant signature requi		<b>8/31/98 8</b>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	Р	DELETE	1.1 TITLE	P	_	Change Addition		
NAME.	KNOX, RICHARD	12.84	1.2 NAME		nneth Harthausen			
STREET ADDRESS	400 SAWGRASS CORPORATE P	WY	1.3 STREET A		O SAwgrass Corporate Pk	wy		
CITY-ST-ZIP	SUNRISE FL 33325	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-2	ººSu	nrise, FL 33325	<del></del>		
TITLE	VPTD	DELETE	2.1 T(TLE	S		Change Addition		
NAME	MORRIS, CHARLES G	407	2.2 NAME		than Wolk			
STREET ADDRESS	400 SAWGRASS CORPORATE P	VV Y	2 3 STREET A	40	O Sawgrass Corporate Pk			
CITY-ST-ZIP	SUNRISE FL 33325	- I spece	2 4 CITY-ST-2 3 1 TITLE	Su-Su	nrise, FL 33325	₩ 1 A		
NAME	S Callori, Fred	L DELETE	3 2 NAME	ፗ.	ynthia <b>St</b> arrett	Change Addition		
STREET ADDRESS	400 SAWGRASS CORPORATE P	w.v	3.3 STREET A		90 Sawgrass Corpora	te Pkwv		
CITY-ST-ZIP	SUNRISE FL 33325	171	3.3 STREET A		unrise, FL 33325	CC INWy		
TITLE	D	DELETE	4.1 TITLE	V		X Change Addition		
NAME	WOLK, HOWARD	ב_] טנגנונ	4.2 NAME	,	oward W <b>o</b> lk	10 Ottango [_] Addition		
STREET ADDRESS	400 SAWGRASS CORPORATE P	WY	4.3 STREET A		00 Sawgrass Corpora	te Pkwy		
CITY-ST-ZIP	SUNRISE FL 33325	** *	4.4 CITY-ST-Z	IP 4	on pawarasa corpora	CC EXMY		
TITLE	CONTINUE I E COOLS	DELETE	5.1 TITLE	1	unrise, FL 33325	Change Addition		
NAME		المام والمام	5.2 NAME	V		AP. C		
STREET ADDRESS			5.3 STREET A		van Rothman	to Diver		
City-St-ZiP			5.4 CITY-ST-Z	4	00 Sawgrass Corpora	te PKWy		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 7ITLE	-S	unrise, FL 33325	Change Addition		
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREET A	DDRESS				
CITY-ST-ZIP			6.4 C/TY-ST-Z					
	ertify that the information symplicid with the	is filing does not qualify for the			on 119 07(3)(i) Florida Statutes I further ce	rtify that the information		

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(t), 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.

ICHATURE CONTRACTOR

Cynthia Starret8 31/98

(954) 845-9100

CR2E034 (5/98)