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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 615106

HOMELAND PROPERTIES, INC.

FILED May 06 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2445 NE 125TH TERR RD 2445 NE 125TH TERR RD SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1979 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable <u>59-1913447</u> 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LARRAMORE, CLYDE B. 2445 NE 125TH TERRACE ROAD Street Address (P.O. Box Number is Not Acceptable) 82 SILVER SPRINGS FL 34488 83 84 City 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 prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition THLE 1.1 TITLE LARRAMORE, CLYDE B. NAME 1.2 NAME 2445 NE 125TH TERRACE RD 1.3 STREET ADDRESS STREET ADDRESS **SILVER SPRINGS FL** 1.4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LARRAMORE, MARY W NAME 2.2 NAME STREET ADDRESS 2445 N.E. 125TH TERRACE RD. 2.3 STREET ADDRESS **SILVER SPRINGS FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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.

6.4 CITY-ST-ZIP