## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFÄRTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # F 2 9 2 6 9					
HOMEOWNERS FINANCIAL RESOURCES, 21				in a	
// 0 /-	1000,000	JAJY C JIJE NE	رغبر رو تا ۱۹۰۲ و د	<i>7C</i> .	
Principal Place	of Business	Mailing Address , , ,	4 S.w. 160 A		
•	W.16074AVE	5417	E 347		
SUITE 347 SUNRISE			1.33326-18	3. Date Incorporated or Qualified 3a. D	Date of Last Report
# SUNRICE FL. 33326-1902			_	04/13/1881 0	2/15/95
2. Principal Place of Business 24.4 2 2a. Mailing Address				▲ FE1 Number	Applied For
21 /3 6 4 S·W·/60 TH AVE  Suite Apt #. etc		26 /3 04 8 · w · /6 . 7 4 A VE Suite Apt # etc.		59-2085178	Not Applicable  \$8.75 Additional
Suite Apt #, etc 3 4 7		27 Suff 347 City 8 State		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zp Country		28 SUNAISE FL.  Zip  Zip  Country  29 333 26-1902 30 45 1		Trust Fund Contribution	Added to Fees
24 33326-1902 25 45A		29 333 26-1902 30 USA		No Statutes     Statutes	
···	9. Name and Address of Current			10. Name and Address of New Register	ad Agent
SCHLICH TE, PAUL G.			81 Name		
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
cloray A. Scallichte JR. P.A. 83					
	4 Holly wood		84 City		. 85 Zip Code
Ho	LLYWOOD F	6. 33020	84 City		L S Zip code
Holl Ywood FL. 33.020  11. Pursuant to trie 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 Lan	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	5 goal we haved at printed name of registered agent	and the if applicable (NOTE)	kgistered Agent signature requir	ed when reinstating) DAT	E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PT	L DELETE	1 1 TITLE		Change Addition :
NAME.	ARONSON FRA 1304 S.W. 160 A SUMRISE FL. SECRETARY	J.	1 2 NAME 1 3 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	1304 S.W. 160 A	VE SUITE 347	1.4 CHTY-SI-ZIP		
TIU	CECRETARY	DELETE	2 1 TITLE		Change Addition
NAME	ARON 50M, 1054 1304 5.W. 1601	1110	2.2 NAME		
STREET ADDRESS	1304 S.W. 1601	NE ( CHITE 347)	2 3 STREFT ADDRESS	•	
Cl** ST-7iP	SUNRISE, FC-33	326-1902	2 4 CHY-ST-ZIP		Change Addition
11111	•	[] DELETE	3 1 TITLE		[_] Change [_] Addition
NAM:			3 2 NAME 3 3 STREET ADDRESS		
STREET ADDRESS CITY ST ZIP			3 4 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAMÉ			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	700001741	(**) ***)
OHY ST ZIP			4.4 CITY - ST - ZIP		-104 Change   Laddition
TIALE		DELETE	5 1 TITLE	70001741 03/13/9601032- ***200.00	Change Addition
NAME			5 2 NAME		
STREST ADDRESS			5 3 STREET ADDRESS		
CHY ST 7IF		DELETE	5 4 CITY+ST-ZIP 6 1 TITLE		Change Addition
NAM:		Fri Secre	6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
Gilly - S.f - ZIP			6.4 CITY - S1 - ZIP		
14. I do hereb			nished and does not qua	alify for the exemption stated in Section 119.0 and accurate and that my signature shall ha	
nurmer der made und	rmy mat the information indicated on t derioath, that I am an officer or direato	r of the corporation or the recei	iver or trustee empowers	ed to execute this report as required by Char	oter 607, Florida Statutes, and

TRA ARONSON 3/5/86

Date 56 3-17-96 SIGNATURE: