

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90263 015 ***150.00

DOCUMENT # F44441

1. Corporation Name
H.O.M. ENTERPRISES, INC.



Principal Place of Business

C/O HAROLD J MUELLER
30000 S DIXIE HWY
MIAMI FL 33030
US

Mailing Address

C/O HAROLD J MUELLER
30000 S DIXIE HWY
MIAMI FL 33030
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1981

4. FEI Number

59-2130504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 7635 SW 167TH STREET

Suite, Apt. #, etc.

22

City & State
23 MIAMI, FLORIDA

Zip

24 33157

Country

25

2a. Mailing Address

26 7635 SW 167TH STREET

Suite, Apt. #, etc.

27

City & State
28 MIAMI, FLORIDA

Zip

29 33157

Country

30

9. Name and Address of Current Registered Agent

MUELLER, HAROLD J
30000 S DIXIE HWY
MIAMI FL 33030

10. Name and Address of New Registered Agent

81 Name

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

7635 SW 167TH STREET

83

City
MIAMI

FL

Zip Code
33157

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 ☐ DELETE

NAME MUELLER, HAROLD H
STREET ADDRESS 30000 S DIXIE HWY
CITY-ST-ZIP MIAMI, FLORIDA 00000

TITLE D ☐ DELETE

NAME MUELLER, DALE J
STREET ADDRESS 30000 S DIXIE HWY
CITY-ST-ZIP MIAMI, FLORIDA 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 7635 SW 167TH STREET
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33157

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 7635 SW 167TH STREET
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33157

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

HAROLD J. MUELLER - 4-30-99- 305-251-7875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

01/28/3