SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 2:55

DOCUMENT # F93000002085 (9)

1. Corporation Name

GOIN' HOME, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6187 FT. LAUDERDALE FL 33310	P.O. BOX 6187 FT. LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21: 1400 E. Oakland Pk Blvd
2a. Mailing Address — 27:
Suite, Apt. #, etc. — 22: 108
Suite, Apt. #, etc. — 27:
City & State — 23: Ft. Lauderdale FL
City & State — 28:
Zip — 24: 33334
Country — 25: Broward
Zip — 29:
Country — 30:

4. FEI Number: 88-0295923 ☐ 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

GILBERT, E. KAY
1350 NW 56TH STREET
FT. LAUDERDALE FL 33310

10. Name and Address of New Registered Agent

81 Name: Gilbert, KAY
82 Street Address (P.O. Box Number is Not Acceptable): 3200 Port Royale Dr. N. #1712
83:
84 City: Ft Lauderdale FL 85 Zip Code: 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCVP	11 TITLE	PCVP	☒ Change ☐ Addition
NAME	ABBETT, DAVID	12 NAME	Abbett, David	
STREET ADDRESS	1350 NW 56TH STREET	13 STREET ADDRESS	1400 E. Oakland Pk Blvd, #108	
CITY ST ZIP	FT. LAUDERDALE FL 33310	14 CITY ST ZIP	Ft Lauderdale, FL 33334	
TITLE	VCST	21 TITLE	VCST	☒ Change ☐ Addition
NAME	GILBERT, E. KAY	22 NAME	Gilbert, KAY	
STREET ADDRESS	1350 NW 56TH STREET	23 STREET ADDRESS	1400 E. Oakland Pk Blvd #108	
CITY ST ZIP	FT. LAUDERDALE FL 33310	24 CITY ST ZIP	Ft Lauderdale, FL 33334	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kay Gilbert — 6/7/95 — (305) 565-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kay Gilbert, S/T

0146900 FP