SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # Corporation Name	F97000005074

HOUSING MANAGEMENT SERVICES INCORPORATED

Principal Place of Business 208 GOLDEN OAK CT #450 VIRGINIA BEACH VA 23452

Mailing Address

208 GOLDEN OAK CT #450 VIRGINIA BEACH VA 23452

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90006 033 ***550.00

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						DO NOT WRITE IN THIS SPACE						
						3. Date Incorp	orated or Qualified	,				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			1	Applied Fo	or	
21 208 Golden Oak C+ *450 26						54-1864180				lot Applic	able	
Suite, Apt. #, etc. Suite, Apt. #, etc.						T 0 17 1 10 10 10 10 10 10 10 10 10 10 10 10 1			8.75	Addition	al	
22						5. Certificate o	of Status Desired	ٔ لبینا	Fee F	Required	1	
City & State City & State						6. Election Campaign Financing \$5.00					•	
23 Va. Beach, VA 28										to Fees		
			Cou	ountry 8. This corporation owes the current year						_		
24 2345Z 25 USA 29			30	Intangible Personal Property.					as [⊠ No		
	9. Name and Address of Current	Registered Agent	_	L,		10. Name and	Address of New R	egistered Age	nt			
ο τ	CODODATION CYCTEM			81	Name							
=	CORPORATION SYSTEM			82 Street Address (P.O. Box Number is Not Acceptable)								
• • •	O SOUTH PINE ISLAND ROAD				Oli Cot Addid	355 (1 .O. DOX 1101	ilber is that Acceptai	5.07				
PLA	INTATION FL 33324			83								
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11. Pursuani	to the provisions of sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove-na	amed corpora	ation submits this	statement for the pur	rpose of chang	ing its	egistered		
office or	registered agent, or both, in the State o am familiar with, and accept the obligat	of Florida. Such change was a	authorize	d by th	ne corporatio	n's board of direc	tors. I hereby accept	t the appointme	∌nt as r	egistered	•	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if anolicable (No	OTE: Registe	red Ader	nt signature requi	red when reinstating)		DATE			.	
12.	OFFICERS AND		13.	. oo r ga			CHANGES TO OFF		RECT	ORS IN	12	
TITLE	PS	DELETE	1.1 77	TLE					Change		dition	
NAME	DOLBEC, BRADLEY P		1.2 NA	WE				_				
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	VIRGINIA BEACH VA 23452	مي پيد دد بسد	140	_		~. _ •	-					
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	JOSEPHBERG, ROBERT H	L DELETE	3.2 NA		, ~	LD / JEC			Change	A0	notib	
NAME	208 GOLDEN OAK CT #450		,								1	
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NAME	SANDLER, STEVEN B		4.2 NA									
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CITY-ST-ZIP	Market great of the company			TY-ST-ZII	P Va	Va. Beach, VA 23						
14. I hereby ce	14. I hereby certify that the information supplied with this filling 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: