PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000003443

1. Corporation Name

HOMELAND AMERICA CORPORATION

Principal Place of Business

Mailing Address

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 030 ***158.75



4570 LAKE WOI LAKE WORTH F		4570 LAKE WORTH ROAD LAKE WORTH FL 33463						DO NOT WD	ITE IN TUIC (PRACE	
						-	2 Data Incor	DO NOT WR porated or Qualifed		BFACE	
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		O Admillion And	ldroop				06/17/19 4. FEI Numbe			1 1	pplied For
2. Principal Pl	ace of Business	2a. Mailing Ad	loress								lot Applicable
21	,	26	# 010				65-0834		-		Additional
Suite, Apt.:	#; etc.	27	#, etc. == ====				5. Certifcate	of Status Desired	×	Fee F	Required
City & State	• ,	City & Sta	te				-	ampaign Financing Contribution		•	May Be I to Fees
Zip	Country	Zip		Country			•	ration owes the cur		ngible ⊠ Yes	□No
24	25	29	30	<u> </u>				roperty Tax. Address of New			
	9. Name and Address of Current	Registered Ager	<u> </u>	81	Name	Med	ema, Rog	er E	registered A	gent	
FI VA	IN THOMAS V			61	Ivalle	LILLU	cher, rose	,C- 1			
4570	in, thomas v Lake worth road					Street Address (P.O. Box Number is Not Acceptable)					
LAKE	WORTH FL 33463					4570 Lake Worth Road					
				84	"	Lak	e Worth	==	FL		3463
11. Pursuant to the provisions of Sections (I) 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 family a with, and accept the obligations of Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or panted name of registered agent	and title if applicable.	(NOTE: Re	gistered Age	nt signature r	equired w	hen reinstating)		DATE		
12.	OFFICERS AND			13.			ADDITIONS	CHANGES TO O	FFICERS AND	DIRECT	ORS IN 12
TITLE	P		DELETE	1.1 TITLE		D.				☐ Change	Addition
NAME	MEDEMA, ROGER E	-		1.2 NAME		Mede	ema, Rog	er E orth Road			
STREET ADDRESS	4570 LAKE WORTH ROAD			1.3 STREE	TADDRESS					_	ľ
CITY-ST-ZIP	LAKE WORTH FL 33463	•		1.4 CITY-S	T-ZIP	Lake	e Worth,	FL 33463			
TITLÉ	VST .		DELETE	2.1 TITLE		D				☐ Change	Addition
NAME	MEDEMA, MICHAEL W			2.2 NAME		Med	ema. Mic	hael W orth Road			
STREET ADDRESS	4570 LAKE WORTH ROAD		من سيستن	2.3 STREE	TADDRESS						,
CITY-ST-ZIP	LAKE WORTH FL 33463			2. 4 CITY-	ST-ZIP	Lake	e Worth,	FL 33463			
TITLE			DELETE	3.1 TITLE						☐ Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADDRESS)					Ì
CITY-ST-ZIP				3.4. CITY-1	ST-ZIP	<u> </u>		••••			Addition
TITLE			DELETE	4.1 TITLE						☐ Change	∋ ☐ Addition
NAME	·			4. 2 NAME							
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP		· r	DELETE	4.4 CITY-S	I-ZIP	\vdash				☐ Change	e Addition
TITLE		_		5.2 NAME		1					_
NAME STREET ADDRESS	. Say			5.3 STREE	TADDRESS						
CITY-ST-ZiP		-		5.4 CITY-5	IT-ZIP						
TITLE TO	WELFER TOPKIN		DELETE	6.1 TITLE						☐ Change	e Addition
NAME	1			6.2 NAME							
STREET ADDRESS	The state of the s			6.3 STREE	T ADDRESS	\					
C/TY-ST-ZIP				6.4 CITY-S	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 laddress with all other like empowered.

SIGNATURE: Michael Wo Medernal R