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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G33560

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HOMES MAGAZINE, INC.

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**FILED** 

May 19 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address													
·-			•										
% ROBERT J. KAYE 2133 BROADWAY			% ROBERT J. KAYE 2133 BROADWAY										
FORT MYERS F			FORT MYERS FL 33901-3634										
									3. Date Incorporated or Qua 05/01/1983	alified		ate of Last F 11/1996	Report
<b>├</b>			2a. Malling Address					4. FEI Number			A	pplied For	
21			26					59-2290620				ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desir	red			Additional equired	
City & State			Orty & State					6. Election Campaign Finan	cing		\$5.00	May Be	
23				28				Trust Fund Contribution		L	Added	to Fees	
Zip	<b>├</b> ~¬	untry	Zip Country				8. This corporation has liabi				s. 199.032,		
24	25		29		30		· · · -		Florida Statutes			No	
4444		Idress of Current R	egistere	a Agent		81	NI.		10. Name and Address of N	ew Heg	isterep	Agent	
	E, ROBERT J.					61	14	arne					
	BROADWAY					82	Si	rect Addre	ss (P.O. Box Number is Not Ac	ceptabl	e)		
FOR	T MYERS FL 3390	11							····				
						83							J
						84	Ĉ	ily				85 Zip	Code
											FL	.	
11. Pursuant	to the provisions of S	Sections 607.0502 a	nd 607.1 Horida	1508, Florida Stati Such chance was	utes, the	above	o-na uthe	med corpo	ration submits this statement for on's board of directors. I hereb	or the pu	rpose o	changing i	ts registered
agent. I a	m familiar with, and	accept the obligatio	ns of, So	oction 607.0505, F	lorida St	atutes	3.	osiporatio	are both a or an otoro Tribiob	y accorp.	ano opp	OII REVIDENCE	o regiatorea
SIGNATURE													
	Signature, typed or printed	name of registered agent at					nt siç	mature required	d when reinstaling)	- AFEIOI	DATE	O DECOTO	50 111 10
12.	DP	OFFICERS AND U	HECTO	DELETE	13			г	ADDITIONS/CHANGES TO	OFFICE	ERS AND	Change	Addition
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					1.2 NAME 1.3 STREET AUDRESS								
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	NAME KAYE, DONNA F				2.2 NAME								
	STREET ADDRESS 2133 BROADWAY CITY-ST-ZIP FT MYERS, FL 00000		<b>.</b>		2.3 STREET ADDRESS 2. 4 CITY-S1-ZIP		į		* -			ŀ	
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14. I do hereby certify that the information supplied with this filling does not quality 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or further 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.

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