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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **G49143**

1. Corporation Name
HOME SERVICE CLUB OF AMERICA, INC.

Principal Place of Business	Mailing Address
7271 S.W. 42ND CT. DAVIE FL 33314	7271 S.W. 42ND CT. DAVIE FL 33314 12183 NW 32 CT CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/29/1983

2. Principal Place of Business	2a. Mailing Address
21 5400 N Hwy 27	26 12183 NW32 CT
Suite, Apt. #, etc. 22 UNINCORPORATED FT. LAUD.	Suite, Apt. #, etc. 27
City & State 23 33299 FLORIDA	City & State 28 CORAL SPRINGS FL.
Zip / Country 24 / 25 USA	Zip / Country 29 33065 / 30 USA.

4. FEI Number: 59-2315182 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUCKLE, GORDON D 7271 S.W. 42ND CT. DAVIE FL 33314	81 Name: BUCKLE GORDON D. 82 Street Address (P.O. Box Number is Not Acceptable): 12183 NW 32 CT 83 CORAL SPRINGS FL. 84 City: FL 85 Zip Code: 33065

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	P	☐ DELETE	1.1 TITLE	P.	☒ Change ☐ Addition
NAME	BUCKLE, G D		1.2 NAME	BUCKLE G.D.	
STREET ADDRESS	7271 S.W. 42ND CT.		1.3 STREET ADDRESS	12183 NW 32 CT	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	CORAL SPRINGS FL. 33065	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ GORDON D. BUCKLE 03/01/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #