

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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 MAY 30 AM 8:10

**DOCUMENT # G53681 (4)**

1. Corporation Name  
**HOMS INSURANCE AGENCY, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>6365 TAFT STREET<br/>HOLLYWOOD FL 33024<br/>US</b> | Mailing Address<br><b>6365 TAFT STREET<br/>HOLLYWOOD FL 33024<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE.

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/05/1983</b>  | 3a. Date of Last Report<br><b>02/02/1994</b>           |
| 4. FEI Number<br><b>59-2388171</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |    |
|--|--|----|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>25<br>Suite, Apt. #, etc.<br>26<br>City & State<br>27<br>Zip<br>28<br>Country<br>29 | 30 |
|--|--|----|

9. Name and Address of Current Registered Agent  
**STEWART, MELVIN  
6365 TAFT STREET, SUITE 2000  
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

|         |   |    |         |       |             |
|---------|---|----|---------|-------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 FL | 86 Zip Code |
|---------|---|----|---------|-------|-------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>S</b>                       |
| NAME            | <b>JONES, MICHAEL F.</b>       |
| STREET ADDRESS  | <b>6365 TAFT STREET #2000</b>  |
| CITY - ST - ZIP | <b>HOLLYWOOD FL</b>            |
| TITLE           | <b>D</b>                       |
| NAME            | <b>STEWART, MELVIN</b>         |
| STREET ADDRESS  | <b>6365 TAFT STREET #2000</b>  |
| CITY - ST - ZIP | <b>HOLLYWOOD FL</b>            |
| TITLE           | <b>DP</b>                      |
| NAME            | <b>BUCCELLATO, CARL</b>        |
| STREET ADDRESS  | <b>6365 TAFT STREET #2000</b>  |
| CITY - ST - ZIP | <b>HOLLYWOOD FL 33024</b>      |
| TITLE           | <b>VT</b>                      |
| NAME            | <b>MORRIS, C G</b>             |
| STREET ADDRESS  | <b>6365 TAFT ST</b>            |
| CITY - ST - ZIP | <b>HOLLYWOOD FL</b>            |
| TITLE           | <b>V</b>                       |
| NAME            | <del><b>BARON, LAURA</b></del> |
| STREET ADDRESS  | <del><b>6365 TAFT ST</b></del> |
| CITY - ST - ZIP | <del><b>HOLLYWOOD FL</b></del> |
| TITLE           | <b>V</b>                       |
| NAME            | <del><b>CHRISMAN, K</b></del>  |
| STREET ADDRESS  | <del><b>6365 TAFT ST</b></del> |
| CITY - ST - ZIP | <del><b>HOLLYWOOD FL</b></del> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | <b>Delete this Person</b>  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | <b>Delete this Person</b>  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael F. Jones 5/19/95 (305) 983-0350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR