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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortram, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G53681** (4)
1. Corporation Name
HOMS INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address

6365 TAFT STREET HOLLYWOOD FL 33024 US **6365 TAFT STREET HOLLYWOOD FL 33024 US**

2. Principal Place of Business 2a. Mailing Address

21 **400 SAWGRASS CORPORATE PKWY** 26 **400 SAWGRASS CORPORATE PKWY**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
SUNRISE, FLORIDA **SUNRISE, FLORIDA**

23 Zip Country 28 Zip Country
33325 **33325**

24 25 29 30

3. Date Incorporated or Qualified **08/05/1983** 3a. Date of Last Report **05/30/1995**

4. FEI Number **59-2388171** Applied For Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STEWART, MELVIN
6365 TAFT STREET, SUITE 2000
HOLLYWOOD FL 33024

81 Name **JONES, MICHAEL F.**

82 Street Address (P.O. Box Number is Not Acceptable)
400 SAWGRASS CORPORATE PARKWAY

83

84 City **SUNRISE** FL 85 Zip Code **33325**

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 *Michael F. Jones* DATE **5/9/96**

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, MICHAEL F.	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, MELVIN	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUCCELLATO, CARL	
STREET ADDRESS	6365 TAFT STREET #2000	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MORRIS, C G	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
14 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME	700001821277	
23 STREET ADDRESS	-05/14/96--01131--001	
24 CITY-ST-ZIP	***200.00 ***200.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS	2100 SAWGRASS CORPORATE PARKWAY	
34 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	VTD	
42 NAME		
43 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
44 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	S	
52 NAME	KAREN CHILDRESS	
53 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
54 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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: *Karen Childress* DATE: **4/16/96**

CR2E034 (12/95)