

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G53681 (4)**

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



Principal Place of Business  
**400 SAWGRASS CORPORATE PWY  
 SUNRISE FL 33325  
 US**

Mailing Address  
**400 SAWGRASS CORPORATE PWY  
 SUNRISE FL 33325-6235  
 US**

3. Date Incorporated or Qualified **06/05/1983** 3a. Date of Last Report **05/01/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2388171</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	28. Zip	29. Country
30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>JONES, MICHAEL F 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325</b>		10. Name and Address of New Registered Agent	
81. Name	<b>KAREN CHILDRESS</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>400 SAWGRASS CORPORATE PKWY</b>		
83.			
84. City	<b>SUNRISE</b>	85. State	<b>FL</b>
		86. Zip	<b>33325</b>

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 *[Signature]* DATE **3/14/97**  
(Type, print, or 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	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, MICHAEL F.</b>	1.2 NAME	
STREET ADDRESS	<b>400 SAWGRASS CORPORATE PWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33325</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILDRESS, KAREN</b>	2.2 NAME	
STREET ADDRESS	<b>400 SAWGRASS CORPORATE PWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33325</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCCELLATO, CARL</b>	3.2 NAME	
STREET ADDRESS	<b>400 SAWGRASS CORPORATE PWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33325</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, C G</b>	4.2 NAME	
STREET ADDRESS	<b>400 SAWGRASS CORPORATE PWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33325</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE **3/14/97** (954) 845-9100  
(Type, print, or typed or printed name of signing officer or director)

CR2E034 (9/96)