

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **400 SAWGRASS CORPORATE PWY, SUNRISE FL 33325, US**
 Mailing Address: **400 SAWGRASS CORPORATE PWY, SUNRISE FL 33325, US**

3. Date incorporated or Qualified: **08/05/1983**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent
**CHILDRESS, KAREN
 400 SAWGRASS CORPORATE PWY
 SUNRISE FL 33325**

10. Name and Address of New Registered Agent
 81 Name: **Cynthia Starrett**
 82 Street Address: **400 Sawgrass Corporate Pkwy**
 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: *Cynthia Starrett* DATE: **8/31/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, KAREN	1.2 NAME	Alan Pyles
STREET ADDRESS	400 SAWGRASS CORPORATE PWY	1.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP	SUNRISE FL 33325	1.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCELLATO, CARL	2.2 NAME	Howard Wolk
STREET ADDRESS	400 SAWGRASS CORPORATE PWY	2.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP	SUNRISE FL 33325	2.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, C G	3.2 NAME	Cynthia Starrett
STREET ADDRESS	400 SAWGRASS CORPORATE PWY	3.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy
CITY-ST-ZIP	SUNRISE FL 33325	3.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Nathan Wolk
STREET ADDRESS		4.3 STREET ADDRESS	400 SAWGRASS CORP. PWY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUNRISE, FL 33325
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 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: *Cynthia Starrett* 8/31/98 (954) 845-9100

CR2E034 (5/98)

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
HOMS INSURANCE AGENCY, INC.

FILED
98 JUN 25 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE

The name of the corporation is HOMS Insurance Agency, Inc.

TWO

The amendment consists of a corporation name change only. The new corporation's name is HMS Insurance Agency, Inc.

Amended officer list is as follows:

President	Kenneth Harthausen
Vice President	Charles Gregory Morris
Treasurer	Charles Gregory Morris
Secretary	Fred Callori

THREE

No other changes are requested at this time.


FOUR

The foregoing amendment was adopted on April 1, 1998.

FIVE

The amendment was adopted by unanimous consent of the shareholders. The number of shares outstanding is 500.

Signed this ²³ day of June, 1998

By: 
Kenneth E. Harthausen
President