

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:3

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G68151

(1)

1. Corporation Name

FIRST OF HOMESTEAD, INC.

Principal Place of Business

C/O WILLIAM H. LOSNER
PO BOX 609, (1550 N.KROME AVE.)
HOMESTEAD FL 33090-0609

Mailing Address

C/O WILLIAM H. LOSNER
PO BOX 609, (1550 N.KROME AVE.)
HOMESTEAD FL 33090-0609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1983

3a. Date of Last Report

01/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2393284

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOSNER, WILLIAM H.
1550 NORTH KROME AVENUE
HOMESTEAD FL 33030

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(Signature of Agent or person authorized to accept appointment as registered agent)

(Signature of Registered Agent (signature required after record filing))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP

D
ALGER, RICHARD
18001 SW 285TH STREET
HOMESTEAD FL

13.1
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.2
NAME
STREET ADDRESS
CITY, ST, ZIP

D
COSTA, JOSE JR.
22290 SW 102ND AVENUE
GOULDS FL

13.2
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.3
NAME
STREET ADDRESS
CITY, ST, ZIP

VTS
PEYTON, DAVID A.
421 NW 14TH ST
HOMESTEAD FL

13.3
NAME
STREET ADDRESS
CITY, ST, ZIP

V/T/S
Peyton, David A.
421 N.W. 14 Street
Homestead, FL 33030
☐ Change ☐ Addition

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

D
FALCONER, NORMAN
1111 CRANDON BLVD.
KEY BISCAYNE FL

13.4
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

CDP
LOSNER, WILLIAM H.
20251 S.W. 272 STREET
HOMESTEAD FL

13.5
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13.6
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(6), Florida Statutes. I further certify that the information included 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 405, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature of David A. Peyton)

David A. Peyton VP/Secretary

1/11/95

305/242-8608