

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2393284

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALGER, RICHARD	
STREET ADDRESS	18001 SW 285TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTA, JOSE JR.	
STREET ADDRESS	22290 SW 162ND AVENUE	
CITY-ST-ZIP	GOULDS FL	

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	PEYTON, DAVID A.	
STREET ADDRESS	421 NW 14TH ST	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FALCONER, NORMAN	
STREET ADDRESS	1111 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	LOSNER, WILLIAM H.	
STREET ADDRESS	20251 S.W. 272 STREET	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *David A. Peyton* David A. Peyton V.P. 1/7/98 (305) 247-5541

CR2E034 (10/97)