

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G68151**

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

**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

02-16-1999 90024 024 \*\*\*158.75



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 the current year Intangible  
Personal Property Tax. **XX** Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
ALGER, RICHARD  
STREET ADDRESS **18001 SW 285TH STREET**  
CITY-ST-ZIP **HOMESTEAD FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**  
COSTA, JOSE JR.  
STREET ADDRESS **22290 SW 162ND AVENUE**  
CITY-ST-ZIP **GOULDS FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VTS**  
PEYTON, DAVID A.  
STREET ADDRESS **421 NW 14TH ST**  
CITY-ST-ZIP **HOMESTEAD FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**  
FALCONER, NORMAN  
STREET ADDRESS **1111 CRANDON BLVD.**  
CITY-ST-ZIP **KEY BISCAYNE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **CDP**  
LOSNER, WILLIAM H.  
STREET ADDRESS **20251 S.W. 272 STREET**  
CITY-ST-ZIP **HOMESTEAD FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *David A. Peyton* **David A. Peyton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Date

(305) 242-8608

Daytime Phone #

CR2E034 (11/98)