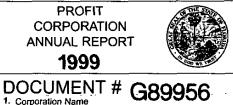
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

HOMESTYLE ENTERPRISES, INC.

1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 30, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-30-1999 90046 001 \*\*\*150.00



			,		
Principal Place of Business Mailing Address				<del></del>	
11059 W. IRMA LN 11059 W. IRMA LN					
SUN CITY AZ 85373 SUN CITY AZ 85373					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					03/13/1984
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21		26 <u> +-</u>	~		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional
22 27			0.844		Fee Required
City & State		City & State	າ ໌		6. Election Campaign Financing \$5.00 May Be
23		28	Country		Trust Fund Contribution Added to Fees
24	25 29		30		8. This corporation owes the current year Intangible Personal Property Tax.   Yes
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
				Name	
WILSON, GORDON E			82	Street Add	ress (P.O. Box Number is Not Acceptable)
1626 ALGONOUIN TRAIL			0	Ou cot Add	andas (1.0. box Humber to Not Adobption)
MAITLAND FL 32751			83	3	
			84	City	85 Zip Code
					FL S S S S S S S S S S S S S S S S S S S
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.					
-	m laminar with, and tocopt the obligi	allorid 51, 2001011 001 10000, 1 10110		<b>.</b>	·
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	legistered Age	nt signature requir	red when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DÉLETE	1.1 TITLE		☐ Change ☐ Addition
NAME	METKE, DONALD A.		1.2 NAME	ļ	
STREET ADDRESS	11059 W. IRMA LANE			TADDRESS	
CITY-ST-ZIP	SUN CITY AZ 85373	☐ DELETE	1.4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		CT DETELE	2.1 TITLE		Change   Addition
NAME	and the same and	فالمستهمين منها فالمادية	2.2 NAME	TADORESS	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			1	1	
CITY-ST-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	51-ZIP	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				TADORESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY- 8	T-ZIP	
TITLE	,	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	•			TADDRESS	}
CITY-ST-ZIP	19441 (2 0002)	T API ETE	5.4 CITY-S	ST-ZIP	
TITLE STA	ABSTRACT GAR	☐ DELETE	6.1 TITLE	1	☐ Change ☐ Addition
3.,	The state of the s		6.2 NAME	TADDRESS	
STREET ADDRESS	to the same				ļ
CITY-ST-ZiP			6.4 CITY- S	1-45	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

617-566-4481 Daytime Prione #