SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 23 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 # H24099 (4)

1. Corporation Name
HOMEOWNERS MARKETING SERVICES REAL ESTATE CORPOR ATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1984

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0292864 ☐ 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

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 (P.O. Box Number is Not Acceptable): 400 Sawgrass Corporate Pkwy
83
84 City: Sunrise FL 85 Zip: 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 — 8/31/98
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	TD	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MORRIS, C G		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	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BUCCELLATO, 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	S	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	CHILDRESS, KAREN		3.2 NAME	Cynthia Starrett	
STREET ADDRESS	400 SAWGRASS CORPORATE PWY		3.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE		☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME			4.2 NAME	Nathan Wolk	
STREET ADDRESS			4.3 STREET ADDRESS	400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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