**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # H59582**

1. Corporation Name

HOME MASTERS CONSTRUCTION CORP.

Principal Place	of Business	Mail	ing Address								
1730 HUDSON	ST		BOX 3966								
			IICE FL 34293					DO NOT WR	ITE IN THIS	SDACE	
US US								Date Incorporated or Qualifed		- OF AGE	
								05/31/1985			
6 B : 33 - 1 B	Land of Davidson		Moiling Address					FEI Number			plied For
_ `	lace of Business	—————————————————————————————————————	Mailing Address					59-2532387			t Applicable
21		26	Cuito Ant # oto					<u> </u>		\$8.75	
Suite, Apt.	#, etc.	—	Suite, Apt. #, etc.				5. (	Certifcate of Status Desired		Fee Re	
22		27]	City & State		<del>-</del>	**		Clastica Compolen Financina		\$5.00	
City & State	e	$\vdash$	City a State				1 .	Election Campaign Financing Trust Fund Contribution		Added to	
23 Zin	Country	[28]	Zip	Cou	intry		-	This corporation owes the cur	ront year in		
Zip	·	—	rih.	30			1	Personal Property Tax.	ieni year m		□No
24	9. Name and Address of Curren	29	red Agent	30	_			Name and Address of New	Registered		
	9. Name and Address of Curren	iii ixegiaii	sied Ageilt		81	Name	10.	Training distance of the second	g	1.393.	
MOH	IHOT, EMILE JOHN										
5348 DREW ROAD					82	Street Add	ress (P.	ess (P.O. Box Number is Not Acceptable)			ļ
VENICE FL 34293					83	1750	3 146	udson Str		<del> </del>	
ACIAI	DE 1 E 34293				03						
					84	City	1	1	FI	85 Zip (	Code 923
						ENGI	lewo.	od	FL		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 60	7.1508, Florida Statu Such change was a	ites, the a	bove Lbv 1	e-named corp the comorati	poration	submits this statement for the and of directors. I hereby acce	e purpose of not the appo	r changing its intment as rei	registerea gistered
agent. I ai	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flo	orida Stat	utes.				r	•	<b>–</b>
SIGNATURE											
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	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTI		Agen	t signature require			DATE		
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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:** 

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90031 036 \*\*\*150.00