

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

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J48543 (9)

1. Corporation Name  
HOMISCO REALTY, INC.

Principal Place of Business  
HONGMAN MILLER SCHWARTZ AND COHN  
222 LAKEVIEW AVE., 800  
W PALM BEACH FL 33401  
US

Mailing Address  
HONGMAN MILLER SCHWARTZ AND COHN  
222 LAKEVIEW AVE., 800  
W PALM BEACH FL 33401-6154  
US



3. Date Incorporated or Qualified 12/23/1986  
3a. Date of Last Report 02/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.  
HONGMAN MILLER SCHWARTZ AND COHN  
222 LAKEVIEW AVE, SUITE 800  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Marvin S. Rosen*

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	PD	1.1 TITLE	S
NAME	ROSEN, MARVIN S.	1.2 NAME	JAMES B. SOBLE
STREET ADDRESS	222 LAKEVIEW AVE., 800	1.3 STREET ADDRESS	2700 SunTrust Financial Centre,
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	401 E. Jackson Street
TITLE	V	2.1 TITLE	T
NAME	PARSON, STEVEN R	2.2 NAME	E. LEE WORSHAM
STREET ADDRESS	222 LAKEVIEW AVE, 800	2.3 STREET ADDRESS	222 Lakeview Avenue, Suite 800
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	ST	3.1 TITLE	
NAME	SCHWARZBERG, STEVEN L.	3.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE, 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Marvin S. Rosen* Marvin S. Rosen, President 1-8-97 (561) 838-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0295058

CR2E034 (9/96)