

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 JUN 22 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400001522424  
-06/23/95--01089--008  
\*\*\*225.00 \*\*\*225.00

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date incorporated or Qualified<br><b>11/13/1987</b>   | 3a. Date of Last Report<br><b>06/08/1994</b>           |
| 4. FEI Number<br><b>65-0111511</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K02438** (5)  
1. Corporation Name  
**THE HANDY HOMERS, INC.**

Principal Place of Business: **10281 S.W. 44 STREET MIAMI FL 33165**  
Mailing Address: **10281 S.W. 44 STREET MIAMI FL 33165**

|                                |                         |
|--------------------------------|-------------------------|
| 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. Zip Country                | 29. Zip Country         |

9. Name and Address of Current Registered Agent  
**HOMER, RICK  
10281 SW 44 ST  
MIAMI FL 33165**

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>    |
| 83.  |              |
| 84. City   |              |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | <b>D</b>                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOMER, RICK</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>10281 S.W. 44 ST.</b> | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>MIAMI FL</b>          | 1.4 CITY ST ZIP                                       |   |
| TITLE                      | <b>D</b>                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOMER, JUDY</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>10281 S.W. 44 ST.</b> | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>MIAMI FL</b>          | 2.4 CITY ST ZIP                                       |   |
| TITLE                      |                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME  |   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                          | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME  |   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                          | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                          | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                          | 6.4 CITY ST ZIP                                       |   |

*6/22/95* *NR*

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Rick Homer* **6/3/95 (305) 553-2646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR