PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90019 022 ***150.00

DOCUI	MENT # K04129	9]		
i. Corporation	A HOMEMINDERS, INC.	•						
Principal Place	e of Business	Mailing Address				- 1 18910141 811 08111 01001 11010 11010 1011 61011 0	1811 BREIT BLUIT B	IBIT BIEN TER
8295 N. MILITA	RY TR	8295 N. MILITARY TR						
SUITE C SUITE C						DO NOT WIDITE IN THE	CDACE	
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL US US			. 33410			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
						11/30/1987	-,.,	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For	
			Suite, Apt. #, etc.		59-2858012	\$8.75 A	t Applicable	
			pt. #, etc.			5. Certificate of Status Desired	Fee Re	
22 City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23	_	28				Trust Fund Contribution	Added t	*
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		_		10. Name and Address of New Registered	Agent	
MAC	CALL CAROL ICAN		1	81	Name			
MASCALI, CAROL JEAN 13562 RUNNING WATER RD PALM BCH. GDNS. FL 33418			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PALI	M DOH. GDNS. PL 33416		,	83				
			1	84	City	FL	85 Zip (Ode
A4 Durauant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s the ab	0/8	-named corne	oration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was au	ithorized i	bv ti	he corporatio	n's board of directors. I hereby accept the appoi	ntment as re	gistered
_	in ramiliar with, and accept the obligi	ations of occupin our loos, i for	00 010101					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered A	gent	signature required			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO Change	RS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 TITL				Change	L. Addition
NAME	MASCALI, CAROL JEAN		1.2 NAME					
STREET ADDRESS	13562 RUNNING WATER RD				ADDRESS			j
CITY-ST-ZIP	PALM BCH GDNS FL	□ DELETE	1.4 CITY-1		- ZIP		Change	Addition
TITLE			2.1 TITLE				[_] 0.12.190	
NAME			2.2 NAM		*DDDECC			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CIT 3.1 TITL		-217		Change	Addition
NAME		E	3.2 NAN				_ ,	_
STREET ADDRESS			1		ADDRESS			ĺ
CITY-ST-ZIP			3.4. CIT					İ
TITLE							Channe	☐ Addition
		☐ DELETE	4.1 TITL				Change	
NAME		☐ DELETE	4.1 TITL 4. 2 NA		ĺ		Change	
NAME STREET ADDRESS		☐ DELETE	4. 2 NA	ME	ADDRESS		Change	ĺ
		□ OELÉTE	4. 2 NA	ME REET/				
STREET ADDRESS		☐ DELETE	4. 2 NAM 4.3 STR 4.4 CITY 5.1 TITL	ME REET / Y-ST- .E			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NAM	ME REET/ Y-ST- .E	-ZIP			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NAM 5.3 STR	ME Y-ST- E ME	- ZIP ADORESS			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NA/ 5.3 STR 5.4 CIT/	ME Y-ST- LE ME REET/	- ZIP ADORESS		☐ Change	
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE			4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT/ 6.1 TITL	ME Y-ST- .E ME REET/ Y-ST-	- ZIP ADORESS			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NA/ 4.3 STR 4.4 CIT/ 5.1 TITL 5.2 NA/ 5.3 STR 5.4 CIT/ 6.1 TITL 6.2 NA/	ME REET / Y-STE ME REET / Y-STE	- ZIP ADORESS		☐ Change	

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 fike empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2E034 (11/98)