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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 07, 1999 8:00 am

1	Secretary of State 999 DIVISION OF CORPORATIONS			Secretary of State			
1. Corporation	MENT # K1 Name L HOME TRADING				03 07 1333 30170	130.00	
COMMIN	IL HOMIL TRADING	a COIII .				K BABA BABA BABA BABA B	
Principal Place	e of Business		ailing Address				HELL BURNLINGS
6429 FOREST			29 FOREST LAKE DR				
ZEPHYRHILLS	FL 33540	ZE	PHYRHILLS FL 33540		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal Pi	lace of Business	22	Mailing Address		01/12/1988 4. FEI Number	Apı	olied For
	REASURE CIRC		39-TREAS	URE CIRCLE	59-2864701	<u> </u>	Applicable
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		27	City & State			Fee Rec	 _
	ASTIAN _	F-L 28	SEBASTIA	in FLA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country		Zip 22000 F	Country	8. This corporation owes the current ye		
24 324		<i>∆</i> / 29		30 YSA	Personal Property Tax. 10 Name and Address of New Regis		□No
	9, Name and Addres	ss of Current Regis	stered Agent	81 Name		tered Agent	
1	I, HENRI				dress (P.O. Box Number is Not Acceptable)		
1 0429 FUREST CARE DR 1 29					-TREASURE CIRCLE		
ZEPI	HYRHILLS FL 33540			83			
				84 City C	50 45 710. I	FL 85 Zip C	ode 958
11, Pursuant	to the provisions of Secti	ions 607.0502 and 6	07.1508, Florida Statute	a the chouse named cal	FBAS T(AN) rporation submits this statement for the purp	ose of changing its	registered
office or re agent. I a	egistered agent, or both, m familiar with, and acce	in the State of Flori opt the obligations of	da. Such change was au f, Section 607.0505 / ∮lori	ithorized by the corpora ida Statuyøs.	tion's board of directors. I hereby accept the	appointment as reg	jistered
SIGNATURE	Tun	- togul	Te lick	RE AQUETT C		ATE	
12.	Signature, typed or printed name	of registered seent and title FFICERS AND DIRE		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	DVPS		☐ DELETE	1.1 TITLE	7,051,751,010,010,010	Change	Addition
NAME	VIAU, HENRY			1.2 NAME			ļ
STREET ADDRESS	8508 MAGNOLIA			1.3 STREET ADDRESS			į
CITY-ST-ZIP	GIBSONTON FL		☐ DELETE	1.4 C/TY-ST-Z/P		Change	[Addition
TITLE NAME			☐ Bereie	2.1 TITLE 2.2 NAME		C dumide	
STREET ADDRESS				2.3 STREET ADDRESS			i
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME				3,2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			☐ DELETE	3.4. CITY-ST-ZIP		☐ Change	☐ Addition
NAME				4, 2 NAME		_ ·	_
STREET ADDRESS				4.3 STREET ADDRESS			Ì
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME				5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				5.4 CITY-ST-ZIP			ĺ
TITLE			☐ DELETE	6.1 TITLE		Change	Addition
NAME				6.2 NAME			į.
STREET ADDRESS				6.3 STREET ADDRESS			j

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.