FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:39

DOCUMENT # K29986 (2)

1. Corporation Name
HOMISCO INCORPORATION, INC.

Principal Place of Business	Mailing Address
C/O HONIGMAN MILLER SCHWARTZ AND COHEN 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401-3112	C/O HONIGMAN MILLER SCHWARTZ AND COHEN 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401-3112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/27/1988	3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0083284	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 c/o Honigman Miller Schwartz and Cohn	26 c/o Honigman Miller Schwartz and Cohn
Suite, Apt. #, etc. 22 Suite 800 222 Lakeview Ave.	Suite, Apt. #, etc. 27 Suite 800 222 Lakeview Ave.
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33401 Country 25	Zip 29 33401 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HONIGMAN, MILLER, SCHWARTZ & COHN 222 LAKEVIEW AVE., #800 W. PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	ROSEN, MARVIN S.	12 NAME	
STREET ADDRESS	222 LAKEVIEW AVE., #800	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	33401
TITLE	V	21 TITLE	☐ Change ☒ Addition
NAME	PARSON, STEVEN R	22 NAME	
STREET ADDRESS	222 LAKEVIEW AVE, #800	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	33401
TITLE	ST	31 TITLE	☐ Change ☒ Addition
NAME	SCHWARZBERG, STEVEN L.	32 NAME	
STREET ADDRESS	222 LAKEVIEW AVE., #800	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP	33401
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin S. Rosen, Director
Date

(407) 838-4500
Daytime Phone #

0243107 CP