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

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K58731 (6)HOME OWNERS MARKETPLACE, INC. Principal Place of Business Mailing Address 1719-W. KENNEDY BLVD. 1719-W. KENNEDY BLVD. TAMPA FL 33606 TAMPA FL 33606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1989 28. Mailing Address 28. N. S. ARWENIA 2. Principal Place of Business Applied For 111 S. ARmenia Not Applicable 59-2942806 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 20 11/1/Showards 29 33609
9. Name and Address of Current Registered Agent Country 30 Hillsborou 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name BENNATI, ALVIN A. S.R. ALVIN A. BENNATI, SR. Address (P.Q. Box Number is Not Acceptable) 37 SPANISH MAIN STREET 82 TAMPA FL 33609 83 50ite 100 agmba 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 ampliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition BENNATI, MARJORIE NAME 1.2 NAME CR2E034 111 S. ARMenia Ave Suite 100 STREET ADDRESS 37 SPANISH MAIN STREET 1.3 STREET ADDRESS Jampa, FL 33609 TAMPA FL 33609 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE NAME BENNATI, ALVIN A. S.A. 2.2 NAME 1115. ARmenia Ave Suite 100 37 SPANISH MAIN STREET 23 STREET ADDRESS STREET ADDRESS Tampa FL 33609 **TAMPA FL 33609** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP ☐ D€LETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

**6.3 STREET ADDRESS** 

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 it changed, or on an attachment with an address.

**FILED** 

813-893-1999