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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # K62868 HOME SHOWCASE REALTY, INC. Principal Place of Business Mailina Address 4791 N. CONCEDERS AVE

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED Jan 26 1998 8:00am Secretary of State



BOYNTON BCH FL 33462		BOYNTON BCH FL 33462 US			DO NOT WRITE IN THIS SPACE
		00			3. Date Incorporated or Qualified
					02/02/1989
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0096795 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zìp	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. 🗹 Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
HE	SLER, SHIRLEY		81	Name	me
	OMAR RD		82	Stree	eet Address (P.O. Box Number is Not Acceptable)
WE	ST PALM BEACH FL 33405			01100	der Address (1 Dox Normber is Not Addeptable)
			83		
			84	,	FL
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.					
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	tnorized by da Statutes	/ the co s.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signs				nt signatu	sature required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	L_I DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AMICUCCI, MICHAEL J.		1.2 NAME		
STREET ADDRESS	29 SWALLOW DRIVE		1.3 STREET	ADDRESS	ess
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY - S	T- ZIP	
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	GAMBLE, GEORGE R. JR		2.2 NAME		
STREET ADDRESS	6900 W LAKE DR		2.3 STAEET	ADDRESS	ess .
CITY-ST-ZIP	W PALM BCH FL		2. 4 CITY - S		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3,3 STREET	V DUDECC	rec
CITY-ST-ZIP			3.4. CITY-S		
TITLE		DELETE	4.1 TITLE	1- 417	Change Addition
NAME			4, 2 NAME		, i diangs
STREET ADDRESS				*******	
			4.3 STREET		55
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	i-ZIP	Change Addition
i					! Change! Addition
NAME		!	5.2 NAME		
STREET ADDRESS			5.3 STREET		223
CITY-ST-ZIP		- Determ	5.4 CITY-S1	- ZIP	1
TITLE		DELETE	6.1 TITLE		L Change Addition
NAME			6.2 NAMÉ		
STREET ADDRESS		!	6.3 STREET		SS
CITY-ST-ZIP			6.4 CITY-ST	- ZIP	
14. Thereby of	army that the information supplied with	n this filing does not qualify for t	he exempt	ion stat	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information

indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change Amental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

1/16/98

561-642-7400