

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -6 PM 4:16**

**DOCUMENT # K67603 (6)**

1. Corporation Name  
**HOMESTEAD, INC.**

Principal Place of Business Mailing Address  
**6722 WINKLER RD FT. MYERS FL 33919** **P.O. BOX 07255 FT. MYERS FL 33919 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/22/1989** 3a. Date of Last Report **03/14/1994**

4. FEI Number **65-0106208** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDMAN, MITCHELL J.  
6722 WINKLER ROAD  
FT. MYERS FL 33919**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **6213 Presidential Ct.**  
83 Ste. B  
84 City **Port Myers** 85 Zip Code **FL 33919**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DPS</b>
NAME	<b>FRIEDMAN, MITCHELL J.</b>
STREET ADDRESS	<b>3578 HERITAGE LANE</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>DVT</b>
NAME	<b>FRIEDMAN, CYNTHIA L</b>
STREET ADDRESS	<b>3578 HERITAGE LANE</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>FRIEDMAN, SELMA H.</b>
STREET ADDRESS	<b>13125 REGENTS CIR</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>REMOVE</b>
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>D/T</b>
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 the 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: *Mitchell J. Friedman* **Mitchell J. Friedman, President** 3/31/95 (618) 481-1777  
SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)