

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L33038** (5)

1. Corporation Name

**HOMESAVE MORTGAGE CORP.**

Principal Place of Business

Mailing Address

**5060 SW 64TH AVE  
STE 101  
DAVIE FL 33314  
US**

**5060 SW 64TH AVE  
STE 101  
DAVIE FL 33314  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. 3270 NE 33rd Street		26. 3270 NE 33rd Street		12/01/1989		04/26/1995	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
23. City & State		28. City & State		65-0247828		Not Applicable	
24. Zip		29. Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
33308		33308		XX		5.00 May Be Added to Fees	
25. Country		30. Country		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Broward		Broward		Trust Fund Contribution		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOINER, JAMES D  
5060 SW 84TH AVE, STE 101  
DAVIE FL 33314**

81. Name **JOINER, JAMES D.**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**3270 NE 33rd Street**  
83.   
84. City **Ft. Lauderdale** **FL** 85. Zip Code **33308**

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

Signature of the person submitting this report (see agent or filer for applicable)

(NOTE: Registered Agent signature required when registering)

(All)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11. TITLE	DPS
NAME	JOINER, CONSUELO	12. NAME	JOINER, CONSUELO
STREET ADDRESS	5060 SW 64TH AVE, STE 101	13. STREET ADDRESS	3270 NE 33rd Street
CITY- ST- ZIP	DAVIE FL	14. CITY- ST- ZIP	Ft. Lauderdale, FL 33308
TITLE	VP	21. TITLE	
NAME	MCCALL, PHIL	22. NAME	
STREET ADDRESS	1370 NORTH BREA BLVD.	23. STREET ADDRESS	
CITY- ST- ZIP	FULLERTON CA	24. CITY- ST- ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Consuelo Joiner

June 10, 1996

954/630-0311

CR2E034 (3/96)