

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84765** (1)
1. Corporation Name
NEW HOME EXPERTS, INC.



Principal Place of Business
**1501 FOX HILL PLACE
VALRICO FL 33594
US**

Mailing Address
**P.O. BOX 700
VALRICO FL 33594
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1911 PRESERVATION DR		2a. Mailing Address 26 1911 PRESERVATION DR		3. Date Incorporated or Qualified 06/28/1990	3a. Date of Last Report 10/07/1996
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number 59-3049500	Applied For Not Applicable
22 City & State PLANT CITY, FL		27 City & State PLANT CITY, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 33567 Country HIS.		28 33567 Country HIS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33567 Country HIS.		29 33567 Country HIS		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

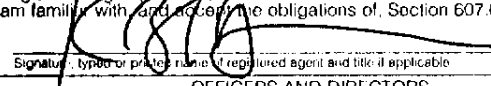
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOK-ANDERSON, KIM
1501 FOX HILL PLACE
VALRICO FL 33594**

81 Name **KIM BLOK-ANDERSON**
82 Street Address (P.O. Box Number is Not Acceptable)
1911 PRESERVATION DRIVE
83
84 City **PLANT CITY** FL 85 Zip Code **33567**

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  **KIM BLOK-ANDERSON** DATE **8/31/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOK-ANDERSON, SUSAN	1.2 NAME	
STREET ADDRESS	1501 FOX HILL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLO-ANDERSON, KIM	2.2 NAME	
STREET ADDRESS	1501 FOX HILL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 if changed, or in an attachment with an address.

SIGNATURE  **KIM BLOK-ANDERSON** 913 404-6776

CP2E034 (4/97)