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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L89126 1. Corporation Name

HOMESAVER INTERNATIONAL, INC.

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90041 039 \*\*\*150.00

Principal Place of Business Mailing Address									<b>       </b>	an asan anisi	Á1911 91891 1091	
2536 COUNTRYSIDE BOULEVARD		2536 COUNTRYSIDE BOULEVARD							•			
CLEARWATER FL 34623 CLEARWATER						1						
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						1	Date Incorpora		ļ			
							07/11/1990		_			1
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			1	FEI Number			<u> </u>	pplied For	-
21		26					65-0210366	)	_		ot Applicable	┨
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certifcate of S	tatus Desired	. 🗆	+	Additional equired	
City & State		City & State				6.	Election Camp	aign Financing		\$5.00	May Be	
23		28	28				Trust Fund Cor	ntribution '		Add <u>ed</u>	to Fees	1
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DOU	DNA, HEATHER L			Ľ	110,770							1
	COUNTRYSIDE BLVD			82	Street	Address (P	P.O. Box Number	r is Not Accept	able)			
	FLOOR			83								1
	ARWATER FL 34623				``		1					
OLL	WINNIETT E 04020			84	City		<del>-</del>		FL		Code	1
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	)2 and 607.1508, FI of Florida. Such ch	orida Statutes ange was aut	s, the abov thorized by	e-named the corp	corporation oration be	n submits this si oard of directors	atement for the	pt the appoir	ntment as re	egistered	
agent. I ar	m familiar with, and accept the obliga	tions of, Section 60	7.0505, Florid	da Statute	s							1
												1
SIGNATURE												
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agei		(NOTE: F	<u> </u>		required when r		ANCES TO O	DATE	D DIBECT	DDS IN 12	1
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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 reference 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 er on an adaptment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

3/4/99

(727)726-0726