

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M72417 (2)
1. Corporation Name
HOME SERVICES, INC.



Principal Place of Business
8207 ROYAL SAND CIR
STE 205
TAMPA FL 33615
US

Mailing Address
PO BOX 272322
TAMPA FL 33688
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1515 NE 138 STREET Suite, Apt. #, etc. 22 City & State 23 NORTH MIAMI, FL 24 Zip 33161 25 Country DADE		2a. Mailing Address 26 1515 NE 138 STREET Suite, Apt. #, etc. 27 City & State 28 NORTH MIAMI, FL 29 Zip 33161 30 Country DADE		3. Date Incorporated or Qualified 03/11/1988	4. FEI Number 65-0032020 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--	---	--	---	---	---

9. Name and Address of Current Registered Agent

OLIVERAS, CARLOS
8207 ROYAL SAND CIR
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name CARLOS OLIVERAS
82 Street Address (P.O. Box Number is Not Acceptable)
1515 NE 138 STREET
83
84 City NORTH MIAMI FL 85 Zip Code 33161

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. Type or printed name of registered agent and the date it applies, also.

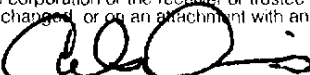
(NOTE: Registered Agent signature required when reinstating)

4/27/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERAS, CARLOS	1.2 NAME	
STREET ADDRESS	8207 ROYAL SAND CIR STE 205	1.3 STREET ADDRESS	1515 NE 138 STREET
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERAS, ALEXANDRA	2.2 NAME	
STREET ADDRESS	8207 ROYAL SAND CIR STE 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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 on an attachment with an address.

SIGNATURE



4/27/98 3059491827

CR2E034 (10/97)