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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Feb 14, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **M94888** (8)

1. Corporation Name

**HOMISCO CREDIT CORP.**



Principal Place of Business

Mailing Address

**C/O HONIGMAN MILLER SCHWARTZ & COHN  
222 LAKEVIEW AVENUE, #800  
W PALM BEACH FL 33401**

**C/O HONIGMAN MILLER SCHWARTZ & COHN  
222 LAKEVIEW AVENUE, #800  
W PALM BEACH FL 33401**

3. Date Incorporated or Qualified

**08/17/1988**

3a. Date of Last Report

**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMISCO INCORPORATION, INC.  
C/O HONIGMAN MILLER SCHWARTZ AND COHN  
222 LAKEVIEW AVE. #800  
W PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 typed or printed name of registered agent and the corporation

(If the Registered Agent signature requires when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	ROSEN, MARVIN S.	
STREET ADDRESS	222 LAKEVIEW AVE. #800	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE	V	DELETE
NAME	PARSON, STEVEN R	
STREET ADDRESS	222 LAKEVIEW AVE #800	
CITY-STATE-ZIP	W PALM BCH FL	
TITLE	ST	DELETE
NAME	SCHWARZBERG, STEVEN L.	
STREET ADDRESS	222 LAKEVIEW AVE, #800	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marvin S. Rosen*

Marvin S. Rosen, Director

2/6/96

(407) 838-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)