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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M94888 (8)

1. Corporation Name
HOMISCO CREDIT CORP.

Principal Place of Business
C/O HOMIGMAN MILLER SCHWARTZ & COHN
222 LAKEVIEW AVENUE, #800
W PALM BEACH FL 33401

Mailing Address
C/O HOMIGMAN MILLER SCHWARTZ & COHN
222 LAKEVIEW AVENUE, #800
W PALM BEACH FL 33401-6154



3. Date Incorporated or Qualified 08/17/1988
3a. Date of Last Report 02/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0083286		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		25. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 Marvin S. Rosen
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	S
NAME	ROSEN, MARVIN S.	1.2 NAME	JAMES B. SOBLE
STREET ADDRESS	222 LAKEVIEW AVE. #800	1.3 STREET ADDRESS	2700 SunTrust Financial Centre,
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	401 E. Jackson Street
TITLE	V	2.1 TITLE	T
NAME	PARSON, STEVEN R	2.2 NAME	E. Lee Worsham
STREET ADDRESS	222 LAKEVIEW AVE #800	2.3 STREET ADDRESS	222 Lakeview Avenue, Suite 800
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	ST	3.1 TITLE	
NAME	SCHWARZBERG, STEVEN L.	3.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE, #800	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 on an Attachment with an address.

SIGNATURE: Marvin S. Rosen Marvin S. Rosen, President 1-8-97 (561) 838-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0295128

CR2E034 (9/96)