## **FILE NOW: FILING FEE IS \$61.25**

ÓNPROFIT ÓRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N96000006463 (1)

HOME OPPORTUNITIES MADE EASY, INC.

Principal Place of Susiness Mailing Address 500 SOUTH AUSTRALIAN AVE., 10TH FLOOR WEST PALM BEACH FL 33401 500 SOUTH AUSTRALIAN AVE., 10TH FLOOR 3. Date Incorporated or Qualified WEST PALM BEACH FL 33401 12/16/1996 4. FEI Number 65-079742Y Applied For APPLIED FOR Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Yes 23 28 Zio Country Country 8. This corporation owes or has paid the current year Intangible Yes 🗀 24 29 Personal Property Tax due June 30. 26 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THOMAS, SAMUEL A 82 Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH AUSTRALIAN AVE., 10TH FLOOR 83 WEST PALM BEACH FL 33401 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SINGER, BARRETT M 1.2 NAME NAME 1300 N CONGRESS AVE STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33409** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE STD 2.1 TITLE 1162 Delaney Are 32806 NAME FISHER, LISA 2.2 NAME 7575 DOCTOR PHILLIPS DR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 88949 32 806 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE THOMAS, SAMUEL A NAME 3.2 NAME 500 AUSTRALIAN AVE., 10TH FLOOR 3.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ Addition DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if whanged, or on an attachment with an address.

**5.3 STREET ADDRESS** 

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

DELETE

561-659-3300

Change

Addition

FILED

Mar 30 1998 8:00am

Secretary of State