

4/11/97 B-4429 NK  
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FILED  
 Apr 11 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 # P11855 (4)  
 1. Corporation Name  
**HOME QUARTERS WAREHOUSE, INC.**



Principal Place of Business: 575 LYNNHAVEN PARKWAY VIRGINIA BEACH VA 23452  
 Mailing Address: 575 LYNNHAVEN PARKWAY VIRGINIA BEACH VA 23452-7311

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		10/21/1986	05/29/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCO CORT, KENNETH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 LYNNHAVEN PKWY	1.2 NAME	
STREET ADDRESS	VIRGINIA BEACH VA 23452	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DCEO HECHINGER, JOHN W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 LYNNHAVEN PKWY.	2.2 NAME	
STREET ADDRESS	VIRGINIA BCH. VA 23452	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V HALL, H.R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 LYNNHAVEN PKWY	3.2 NAME	
STREET ADDRESS	VIRGINIA BCH. VA 23452	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DCFO MCCLELLAND, W CLARK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 LYNNHAVEN PKWY	4.2 NAME	
STREET ADDRESS	VIRGINIA BCH VA 23452	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V GOOD M P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 LYNNHAVEN PKWY	5.2 NAME	
STREET ADDRESS	VIRGINIA BCH. VA 23452	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VST ADAMS, MARK	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 LYNNHAVEN PKWY	6.2 NAME	
STREET ADDRESS	VIRGINIA BCH. VA 23452	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: M.P. Good - VP Finance  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3/25/97 (757) 498-7100  
 Daytime Phone #

CR2E034 (9/96)