
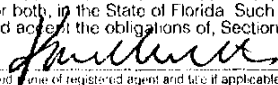
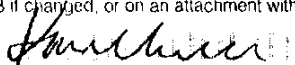


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 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 # P18968 (8)					
1. Corporation Name HOMEOWNERS GROUP, INC.					
Principal Place of Business 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325 US			Mailing Address 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325-6235 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1988	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/10/1996	
22. City & State		27. City & State		4. FEI Number 65-0033743	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JONES, MICHAEL F 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325			10. Name and Address of New Registered Agent		
			81. Name KAREN CHILDRESS		
			82. Street Address (P.O. Box Number is Not Acceptable) 400 SAWGRASS CORPORATE PKWY		
			83. City		
			84. City SUNRISE		
			85. Zip Code FL 33325		
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 			DATE 3/14/97		
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CHILDRESS, KAREN			1.2 NAME		
STREET ADDRESS 400 SAWGRASS CORPORATE PWY			1.3 STREET ADDRESS		
CITY-STATE-ZIP SUNRISE FL 33325			1.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MORRIS, C G			2.2 NAME		
STREET ADDRESS 400 SAWGRASS CORPORATE PWY			2.3 STREET ADDRESS		
CITY-STATE-ZIP SUNRISE FL 33325			2.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BUCCELLATO, CARL			3.2 NAME		
STREET ADDRESS 400 SAWGRASS CORPORATE PWY			3.3 STREET ADDRESS		
CITY-STATE-ZIP SUNRISE FL 33325			3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WOODMAN, DEAN S.			4.2 NAME		
STREET ADDRESS 400 SAWGRASS CORPORATE PWY			4.3 STREET ADDRESS		
CITY-STATE-ZIP SUNRISE FL 33325			4.4 CITY-STATE-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME JONES, MICHAEL F			5.2 NAME		
STREET ADDRESS 400 SAWGRASS CORPORATE PWY			5.3 STREET ADDRESS		
CITY-STATE-ZIP SUNRISE FL 33325			5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-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: 			DATE 3/14/97		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (954) 845-9100		



CR2E034 (9/96)