

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
Secretary of State

0069999

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/25/1988
24		29		4. FEI Number 65-0033743 Applied For <input type="checkbox"/> Not Applicable
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 **Cynthia Starrett**
82 Street Address (P.O. Box Number is Not Acceptable)
400 Sawgrass Corporate Pkwy
83
84 City **Sunrise** FL 85 Zip Code **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 *Cynthia Starrett* **8/31/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHILDRESS, KAREN		1.2 NAME Kenneth Harthausen	
STREET ADDRESS 400 SAWGRASS CORPORATE PWY		1.3 STREET ADDRESS 400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP SUNRISE FL 33325		1.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE VTO	<input type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, C G		2.2 NAME Howard Wolk	
STREET ADDRESS 400 SAWGRASS CORPORATE PWY		2.3 STREET ADDRESS 400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP SUNRISE FL 33325		2.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCELLATO, CARL		3.2 NAME Nathan Wolk	
STREET ADDRESS 400 SAWGRASS CORPORATE PWY		3.3 STREET ADDRESS 400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP SUNRISE FL 33325		3.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODMAN, DEAN S.		4.2 NAME Cynthia Starrett	
STREET ADDRESS 400 SAWGRASS CORPORATE PWY		4.3 STREET ADDRESS 400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP SUNRISE FL 33325		4.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Evan Rothman	
STREET ADDRESS		5.3 STREET ADDRESS 400 Sawgrass Corporate Pkwy	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Sunrise, FL 33325	
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-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Cynthia Starrett* **8/31/98** (954) 845-9100
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)