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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300000410 (9)

## **FILED** Jan 14 1997 8:00am Secretary of State

HOMEBASED BUSINESS INSTITUTE, INC.  Principal Place of Business Mailing Address  9801 W SAMPLE RD CORAL SPRINGS FL 33065  Mailing Address  9601 W SAMPLE RD CORAL SPRINGS FL 33066		65-4001			
				3. Date Incorporated or Qualified 01/05/1993	3a. Date of Last Report 08/06/1996
<u> </u>	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Ap	# ##	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
3uite, Ap	i. #, UID	27 Strike, Apr. #, 8kc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	de	Cily & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
4	25   9. Name and Address of Curre	29   ent Registered Agent	30	Florida Statutes  10. Name and Address of New Re	
DIL	IATALE, DAVID J		81 Name		
	)1 W SAMPLE RD		82 Street Ad	dress (P.O. Box Number is Not Accepta	hle)
	RAL SPRINGS FL 33065		BZ Sireet Ad	roress (P.O. Box Number is not Accepta	ible)
			83		
			84 City		85 Zip Code
					FL   T
	to the state of				
agent I SIGNATURE			Florida Statutes.  OTE: Registered Agent signature rec	orporation submits this statement for the ration's board of directors. I hereby accessored when reinstating)	DATE
SIGNATURE	Signar religibility prodestingers of eigenstatic a OFFICERS A	g mand the haspleable (N ND DIRECTORS	OTE: Registered Agent signature rec		DATE CERS AND DIRECTORS IN 12
SIGNATURE 112. IITLE	Styles on type the product recent of regionalities of OFFICERS A	open at didilibilit applicable (N	OTE: Registered Agent signature rec	oulred when reinstating)	DATE CERS AND DIRECTORS IN 12
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information indicated on this innual report or sup. I am an officer or director of the compration or the appears in Block 12 or Block 13.1 changed, or on noted about the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that every or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attainment of an address.

SIGNATURE: