FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 11 PM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033029 (8)

1. Corporation Name

HOME REMINISCENCE, INC.

Principal Place of Business	Mailing Address
449 LOS ALTOS ROAD PALM SPRINGS FL 33461	449 LOS ALTOS ROAD PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0409176	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

MICHAEL CLYNE
449 LOS ALTOS ROAD
SUITE 200
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1 TITLE	C/D ☒ Change ☐ Addition
NAME	BETESH, DAVID	1 NAME	
STREET ADDRESS	415 E. 37TH ST., APT. 16C	1 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1 CITY-ST-ZIP	
TITLE	PT	2 TITLE	V/T/D/S ☒ Change ☐ Addition
NAME	CLYNE, MICHAEL	2 NAME	
STREET ADDRESS	449 LOS ALTOS ROAD	2 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	2 CITY-ST-ZIP	
TITLE	VPS	3 TITLE	P ☒ Change ☐ Addition
NAME	ZHOU, DAVID	3 NAME	James Booth
STREET ADDRESS	449 LOS ALTOS ROAD	3 STREET ADDRESS	415 E. 37th St., Apt 23L
CITY-ST-ZIP	PALM SPRINGS FL	3 CITY-ST-ZIP	New York, NY 10016
TITLE		4 TITLE	V ☐ Change ☒ Addition
NAME		4 NAME	Hal Panzer
STREET ADDRESS		4 STREET ADDRESS	59 Wesleyan Drive
CITY-ST-ZIP		4 CITY-ST-ZIP	Mercerville, NJ 08619
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Michael Clyne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Clyne

May 7, 1995 (407) 966-0214
Date · Daytime Phone #

0270249 CP