FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 08 1996 8:00 am
Secretary of State

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**

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

3. Date Incorporated or Qualified: **05/06/1993**

3a. Date of Last Report: **05/11/1995**

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

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: _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when changing) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BETESH, DAVID		1.2 NAME		
STREET ADDRESS	415 E. 37TH ST., APT. 16C		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	VTDS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLYNE, MICHAEL		2.2 NAME		
STREET ADDRESS	449 LOS ALTOS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOOTH, JAMES		3.2 NAME		
STREET ADDRESS	415 E. 37TH ST., APT. 23L		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PANZER, HAL		4.2 NAME		
STREET ADDRESS	59 WESLEYAN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MERCERVILLE NJ		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby 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 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: _____ July 1, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)