FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P93000034010 (7) 1. Corporation Name HOME-BASED BUSINESS OPPORTUNITIES, INC.				Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î	
Principal Place of Business		Mating Address			
31 SOUTH FEDERAL HWY. LAKE WORTH FL 33460		31 SOUTH FEDERAL HWY. LAKE WORTH FL 33460			
				3. Date incorporated or Qualified 05/10/1993	3a. Date of Last Report 05/30/1995
2. Principal F	Place of Business	28. Mailing Address		4. FEI Namber	Applied For
Suite, Apt.	. #, etc	Suite, Apt. #, etc.		65-0426880	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	55.00 May Be
Zip	Country	Zib	Country	8. This corporation has liability for	Added to Fees
24	25	29	30		No
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New I	Registered Agent
MACHU	ITHINY OFORCE O		81 Name		
	ienny, george c JTH federal hwy		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
20UTE:			83		
	VORTH FL 33460				
			84 City		85 Zip Code
familiar w	to the provisions of Sections 607.05 reed agent, or both, in the State of Fifth, and accept the obligations of, Sections by the provisions of the Sympton by	ection 607.0506. Florida Statute	zeo by the corporation s boals. S.	ration submits this statement for the puriod of directors. I hereby accept the app	ointment as registered agent. I am
12.	OFFICERS A	ND DIRECTORS	511 (4.) (4.) (A.) (4.) (5.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.)	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 Tifu l		Change Addition
NAME	MCELHENNY, GEORGE C		1.2 NAME		
STREET ADDRESS	31 SOUTH FEDERAL HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 C-TY - ST - Z:P		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME CIRCL ADODESC			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY-ST-ZIP		☐ DELEGE	2 4 CITY - ST - ZIF		
NAME			3 1 TIFLE		Change 🔲 Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP			34 CITY ST-ZP		
TITLE		DELETE	4 1 7 ILE		Change Addition
NAME			4.2 NAME		Change C Rounted
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4.0(1Y+S1+ZIP		
TITLE		Dittie	5 1 THE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - ST - ZIP		FIN COLOR	54CITY-ST ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME OTBEST ADDIOESS			€ 2 NAME		
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS		
OTT FOR ZIF	i .		EARITY OF HE		ı

6 4 CITY-S1-ZIF

14. To 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)(k). 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 (3) I changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

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