

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000049656 (0)**

1. Corporation Name  
**PROSPERITY AT HOME, INC.**

Principal Place of Business <b>11381 PROSPERITY FARMS RD. PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>11381 PROSPERITY FARMS RD. PALM BEACH GARDENS FL 33410-3403</b>
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3. Date Incorporated or Qualified <b>07/15/1993</b>		3a. Date of Last Report <b>03/22/1996</b>	
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	
4. FEI Number <b>65-0424497</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WITKOWSKI, RONALD 12788 WEST FOREST HILL BLVD. SUITE 1002 WEST PALM BEACH FL 33414</b>		10. Name and Address of New Registered Agent 81 Name <b>Charles T. Sparks</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11381 Prosperity Farms Rd Suite 1000</b> 83 84 City <b>Palm Beach Gardens FL</b> 85 Zip Code <b>33410</b>	
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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: *Charles T. Sparks* DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPARKS, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>11381 PROSPERITY FARMS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRACKEN, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>11381 PROSPERITY FARMS RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODRUM, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>11381 PROSPERITY FARMS RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURNEY, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>11381 PROSPERITY FARMS RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLAN, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>11381 PROSPERITY FARMS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLAUREN, STEVE</b>	6.2 NAME	<b>Roth Weaver</b>
STREET ADDRESS	<b>11381 PROSPERITY FARMS RD.</b>	6.3 STREET ADDRESS	<b>11381 Prosperity Farms Rd</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	6.4 CITY-ST-ZIP	<b>Palm Beach Gardens FL 33410</b>

14. I do hereby certify that the information supplied with this filing 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: *Charles T. Sparks* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)