

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

DOCUMENT # **P94000000352 (2)**

1. Corporation Name

HOMEQ FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

**%JAMES R. KAY, P.A.
2000 PALM BEACH LAKES BLVD., 1002
WEST PALM BEACH FL 33409
US**

**%JAMES R. KAY, P.A.
2000 PALM BEACH LAKES BLVD., 1002
WEST PALM BEACH FL 33409
US**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0455315

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

10. Name and Address of New Registered Agent

**KAY, JAMES R
2000 PALM BEACH LAKES BLVD.
SUITE 1002
WEST PALM BEACH FL 33409**

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 Signature Required when fee is being paid)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVPT** ☐ DELETE
NAME **AL-SAYED, EBRAHIM S.**
STREET ADDRESS **2000 PALM BEACH LKS. BV. STE 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **AS** ☒ DELETE
NAME **JANAKI, ESAM**
STREET ADDRESS **2000 PALM BEACH LKS. BV. STE 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **DPS** ☐ DELETE
NAME **HASHWANI, HATIM**
STREET ADDRESS **2000 PALM BEACH LAKES BV. STE 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **DVP** ☐ DELETE
NAME **CLARK, SUSAN I.**
STREET ADDRESS **2000 PALM BCH LAKES BV. STE 1002**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

JANAKI, ESAM

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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 13 in changed, or on an attachment with an address.

SIGNATURE: **HATIM HASHWANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96
Date

407-775-7007
Daytime Phone #

CR2E034 (12/95)