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Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000001424 (8)
1. Corporation Name
HOME OWNERS MARKETPLACE OF JACKSONVILLE, INC.

Principal Place of Business
1719 W KENNEDY BLVD
TAMPA FL 33606

Mailing Address
1719 W KENNEDY BLVD
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 10601 San Jose Blvd.
Suite, Apt. #, etc.
22 Suite 110
City & State
23 Jacksonville, FL
Zip
24 32257
Country
25 Duval
2a. Mailing Address
26 111 S. Armenia Ave.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Tampa, FL
Zip
29 33609
Country
30 Hillsborough

3. Date Incorporated or Qualified
01/01/1994
4. FEI Number
59-3216132
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BENNATI, ALVIN A SR.
1719 W KENNEDY BLVD
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name ALVIN A. BENNATI, SR.
82 Street Address (P.O. Box Number is Not Acceptable)
111 S. Armenia Ave.
83 Suite 100
84 City Tampa, FL 85 Zip Code 33609

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 Alvin A. Bennati, Sr. 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME BENNATI, ALVIN A SR.
STREET ADDRESS 1719 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33606
TITLE D ☐ DELETE
NAME BENNATI, LIANE
STREET ADDRESS 1719 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33606
TITLE D ☐ DELETE
NAME BENNATI, MARJORIE
STREET ADDRESS 1719 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33606
TITLE D ☐ DELETE
NAME FIELDS, SARAVEEN
STREET ADDRESS 2912 W SAN NICHOLAS ST
CITY-ST-ZIP TAMPA FL 33629
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 ALVIN A. BENNATI, SR. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 111 S. Armenia Ave Suite 100
1.4 CITY-ST-ZIP Tampa, FL 33609
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 111 S. Armenia Ave. Suite 100
2.4 CITY-ST-ZIP Tampa, FL 33609
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 111 S. Armenia Ave. Suite 100
3.4 CITY-ST-ZIP Tampa, FL 33609
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 10601 - SAN JOSE BLVD - #110
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32257
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, as changed, or on an attachment with an address.

SIGNATURE: Alvin A. Bennati, Sr. 4/8/98 813-8773-1999

CR2E034 (10/97)