FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90006 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

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

Mailing Address

STE 100

111 S ARMENIA AVE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400001424

Principal Place of Business

10601 SAN JOSE BLVD

STE 110

HOME OWNERS MARKETPLACE OF JACKSONVILLE, INC.

US US   US   US   US   O1/01/1994   A period of Chautherd O1/01/1994   A period o1/01/01/01/01/01/01/01/01/01/01/01/01/01	JACKSONVILLE	FL 32257	TAMPA FL 33609			DO NOT WRITE IN THIS SE	DO NOT WRITE IN THIS SPACE			
22.   Mailing Address   22.   Mailing Address   3.   Applied For   Applied For   Applied For   Sy-32 (6132   5.00 km) Ap	US		U\$			3. Date Incorporated or Qualifed				
22.   Mailing Address   22.   Mailing Address   3.   Applied For   Applied For   Applied For   Sy-32 (6132   5.00 km) Ap						01/01/1994				
Sulle, Apt. #, etc.   25   Sulle, Apt. #, etc.   5. Cartifacte of Status Desired   \$8.75 Additional Fee Required   \$8.75 Addition   \$8.75 Addi	2. Principal P	lace of Business	2a. Mailing Address				App	lied For		
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   27	— ·		26			59-3216132	Not	Applicable		
Section Campaign Financing   Section Campai		#. etc.			-		\$8.75 A	ditional		
City & State 28	· ` `		27			5. Certificate of Status Desired	Fee Req	uired		
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current year intangible   Personal Property Tax.   Ves   No		e .				6. Election Campaign Financing	\$5.00 A	łav Be		
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax.   Yes   No.	<del>-</del>	-	<b>⊢</b> ¬ '			1	•	· 1		
9. Name and Address of Current Registared Agent  8ENNATI, ALVIN A 111 S ARMENIA AVE STE 100 TAMPA FL 33609  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, agent agen		Country	<del></del>	Count	ry		aible			
BENNATI, ALVIN A 111 S ARMENIA AVE STE 100 TAMPA FL 33609  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, I hereby accept the obligations of Sections 607 0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In a minimal with, and accept the obligations of, Section 607 0505, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In a minimal with, and accept the obligations of, Section 607 0505, Florida Statutos, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In a minimal with, and accept the obligations of, Section 607 0505, Florida Statutos, Statu	<del></del>		<del></del>	7		1 7 4		⊒No I		
BENNATI, ALVIN A 111 S ARMENIA AVE STE 100 TAMPA FL 38609  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the decorporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 0505, Floridal Statutes, the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607 0505, Floridal Statutes, the corporation submits this statement for the purpose of changing its registered defice or registered agent, and accept the obligations of, Section 607 0505, Floridal Statutes, the corporation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Floridal Statutes, the corporation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Floridal Statutes, the corporation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Floridal Statutes, the corporation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Floridal Statutes, the corporation submits this statement for the purpose of changing its registered defice or registered defice or registered defice of the purpose of changing its registered defice of the purpose of the pu	24		,  - ·	<u>'</u>			ent			
BENNATI, ALVIN A 111 S ARMENIA AVE STE 100 TAMPA FL 33609  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the ebove-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Fonds Statutos, the ebove-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Fonds Statutos, the ebove-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 05005, Fonds Statutos, Statutos, The composition of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0500, Fonds Statutos, The composition of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607, 505, 700 of 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, 505, 700 of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of the purpose of changing its registered defends statutos. The provider accept the provider accept the appointment as registered agent. I am familiar with accept the provider ac		3. Number and Address of Controll	. togioto ou . tgo	8	1 Name		-			
111 S ARMENIA AVE STE 100 TAMPA FL 33609  12	RENNATI ALVIN A				_					
TAMPA FL 33809  T1. Pursuant to the provisions of Sections 807 0502 and 807 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, are 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    OFFICERS AND DIRECTORS   13.				8	2 Street A	Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 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 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, and 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, and agent are deep the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed issues of registered agent and the F appocation of Section 607.0505, Florida Statutes.   12.				_	-	100				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flortida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12.				l°	3					
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 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, 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.  ISIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE. D D DELETE 11THE  12. OFFICERS AND DIRECTORS IN 12.  ITIE. D D DELETE 1.1THE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE. D D DELETE 2.1THLE  14. Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE. D D DELETE 2.1THLE  15. Change Addition  16. STREET ADDRESS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. SARMENIA AVE SITE 100  10. STREET ADDRESS  11. SARMENIA AVE SITE 100  11. SARMENIA AVE SITE 100  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. SARMENIA AVE SITE 100  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. SARMENIA AVE SITE 100  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. SARMENIA AVE SITE 100  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  11. SARMENIA AVE SITE 100  14. Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES T	IAMI	PA FL 33609		8	4 City		85 Zip Ci	ode		
SIGNATURE   Symbol or printed dame of registered agent and tills if applicable.   NOTE: Registered Agent signature required when reinstative)   DATE		•								
SIGNATURE   Symbol or printed dame of registered agent and tills if applicable.   NOTE: Registered Agent signature required when reinstative)   DATE	11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named o	corporation submits this statement for the purpose of ch	anging its r	egistered istered		
SIGNATURE   Symbol or printed dame of registered agent and tills if applicable.   NOTE: Registered Agent signature required when reinstative)   DATE	office or re	egistered agent, or both, in the State of	Florida. Such change was auth ons of Section 607.0505. Florida	onzed b a Statute	y the corpo es.	ration's board of directors, I hereby accept the appointment	ieni as reg	Stered		
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		The fall with the decept the obligation								
12.	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ag	ent signature re	deling attent terrorenia)				
DELETE   11 TITLE   DELETE   11 TITLE   Change   Addition				13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12		
TAMPA FL 33609  TITLE  D  DELETE  111 S ARMENIA AVE STE 100  TAMPA FL 33609  T	TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition		
111 S ARMENIA AVE STE 100	1	<u> </u>		1.2 NAME	E					
TAMPA FL 33609	. [			1.3 STRE	ET ADDRESS					
TITLE	l.							İ		
NAME   SENNATI, LIANE   22 NAME   STREET ADDRESS   CITY-ST-ZIP   TAMPA FL 33609   2.4 CITY-ST-ZIP   TAMPA FL 33609   2.4 CITY-ST-ZIP   Change   Addition			□ DELETE				Change	Addition		
STREET ADDRESS   111 S ARMENIA AVE STE 100   2.3 STREET ADDRESS	ļ	T.,						_		
TAMPA FL 33609	NAME					•				
TITLE D D DELETE 3.1 TITLE SENNATI, MARJORIE 3.2 NAME 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 3.4 CITY-ST-ZIP TITLE D D DELETE 4.1 TITLE DELETE 4.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS DACKSONVILLE FL 32257 4.4 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS DACKSONVILLE FL 32257 5.4 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS DACKSONVILLE FL 32257 5.4 CITY-ST-ZIP DELETE 5.3 STREET ADDRESS DACKSONVILLE FL 32257 5.4 CITY-ST-ZIP DELETE 5.3 STREET ADDRESS DACKSONVILLE FL 32257 5.4 CITY-ST-ZIP DELETE 5.3 STREET ADDRESS DACKSONVILLE FL 32257 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS DACKSON DAC	STREET ADDRESS									
NAME  BENNATI, MARJORIE  STREET ADDRESS  STREET ADDRESS  TAMPA FL 33609  TAMPA FL 33609  TAMPA FL 33609  DELETE  A. 1 TITLE  NAME  FIELDS, SARAVEEN  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32257  DELETE  A. 2 NAME  4. 2 NAME  4. 2 NAME  4. 3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32257  DELETE  5.1 TITLE  NAME  STREET ADDRESS  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  5.5 STREET ADDRESS  6.6 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.6 CITY-ST-ZIP  TO Change  Addition  Addition  Addition  Addition  Addition  CONTACT TO CHANGE  Addition  Addition  ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  GENAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	CITY-ST-ZIP	TAMPA FL 33609	FI BELETE			<u> </u>	Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609  TAMPA FL 33609  TAMPA FL 33609  TAMPA FL 33609  DELETE  4.1 TITLE  NAME  FIELDS, SARAVEEN  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  SA CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  SA CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GLY-ST-ZIP  TO Change  Addition  Addition  Addition  STREET ADDRESS  GLY-ST-ZIP  STREET ADDRESS  GLY-ST-ZIP  Change  Addition  Addition	TITLE	D	☐ DELETE	•		L	_] Charige			
TAMPA FL 33609	NAME	BENNATI, MARJORIE		3.2 NAM	E					
TITLE D D DELETE 4.1 TITLE D Change Addition NAME FIELDS, SARAVEEN STREET ADDRESS 10601 SAN JOSE BLVD STE 110 JACKSONVILLE FL 32257  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE DELETE DELETE DELETE S.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE DELETE B.1 TITLE S.2 NAME STREET ADDRESS	STREET ADDRESS	111 S ARMENIA AVE STE 100		3.3 STRE	ET ADDRESS					
NAME STREET ADDRESS 10601 SAN JOSE BLVD STE 110 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 6.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  GA CITY-ST-ZIP  GA CITY-ST-ZIP  GA CITY-ST-ZIP	CITY-ST-ZIP	TAMPA FL 33609		3.4. CITY	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  JACKSONVILLE FL 32257  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  1.3 STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CANAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  G.3 STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP  G.4 CITY-ST-ZIP	TITLE	D	☐ DELETE	4.1 TITLE	E .		_ Change	☐ Addition		
Addition	NAME	FIELDS, SARAVEEN		4. 2 NAM	Œ					
Addition	STREET ADDRESS	10601 SAN JOSE BLVD STE 110	)	4.3 STRE	EET ADORESS					
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME	CITY-ST-ZIP			4.4 CITY-	·\$T-ZIP					
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
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	NAME			5.2 NAM	E					
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP				5.3 STRE	ET ADDRESS			ļ		
DELETE   DELETE   S.1 TITLE   Change   Addition	ŀ			5.4 CITY-	-ST-ZIP			1		
NAME  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS  CITY- ST-7IP  6.4 CITY- ST-7IP			☐ DELETE				Change	Addition		
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY-ST-7IP	1		<u></u>	6.2 NAME	.	· -		_		
CITY-ST-ZIP 6.4 CITY-ST-ZIP	Į.									
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	CITY-ST-ZIP	A. A	this filling does 1 alife, f al-			in Castian 119 07/2\(\(\text{i}\)) Elarida Statutas I further cartifu	that the int	formation		

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.9.07(3)(i), Florida Statutes. Indicate 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 15 (chapter 607, Florida Statutes; and that my name appears in SIGNATURE: