

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000010440 (3)

1. Corporation Name

HOMESTEAD MANAGEMENT, INC.



Principal Place of Business

**504 LOST CREEK COURT
 KISSIMMEE FL 34743**

Mailing Address

**504 LOST CREEK COURT
 KISSIMMEE FL 34743**

3. Date Incorporated or Qualified **02/02/1994** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Sub-1, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number **59-3226761** 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

9. Name and Address of Current Registered Agent

**OXLEY, PAUL
 504 LOST CREEK COURT
 KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

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 607.0602 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 Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (to be filled in by the agent)

NOTE: Registered Agent signature required for filing

DATE

12. OFFICERS AND DIRECTORS

1	SD OXLEY LINDSAY, MARY 504 LOST CREEK COURT KISSIMMEE FL	<input type="checkbox"/> DELETE
2		<input type="checkbox"/> DELETE
3		<input type="checkbox"/> DELETE
4		<input type="checkbox"/> DELETE
5		<input type="checkbox"/> DELETE
6		<input type="checkbox"/> DELETE
7		<input type="checkbox"/> DELETE
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9		<input type="checkbox"/> DELETE
10		<input type="checkbox"/> DELETE
11		<input type="checkbox"/> DELETE
12		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY, ST, ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Lindsay Mary Oxley* **LINDSAY MARY OXLEY** Feb 12, 96. 407 348 6343
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone

CR2E034 (12/95)