FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:06

DOCUMENT # P94000016086 (8)

1. Corporation Name
SHELTERS OF HOMESTEAD, INC.

Principal Place of Business
~~1045 E. ATLANTIC AVE. SUITE 214 DELRAY BEACH FL 33483~~ 980 N. Federal Hwy # 442 Boca Raton, Fl. 33432

Mailing Address
~~1045 E. ATLANTIC AVE. SUITE 214 DELRAY BEACH FL 33483~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0470287 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, RONALD C
5348 FIRST AVE. NORTH
ST. PETERSBURG FL 33710

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 607.0502 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 ______ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLTER, MARJORIE D	1.2 NAME	
STREET ADDRESS	1045 E. ATLANTIC AVE., #214	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BOLTER, ED	2.2 NAME	
STREET ADDRESS	1045 E. ATLANTIC AVE., #214	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STOLL, CHARLES	3.2 NAME	
STREET ADDRESS	1104 S. RIO VISTA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ZIEMBA, BARBARA	4.2 NAME	
STREET ADDRESS	5346 PIPING ROCK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Delete ☒ Change ☐ Addition
NAME	~~RIBAS, SUSAN M~~	5.2 NAME	
STREET ADDRESS	~~2355 N.W. 43RD ST.~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STOLL, CHARLES S	6.2 NAME	
STREET ADDRESS	1104 ORCHARD RIDGE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	6.4 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)(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: [signature] CHARLES S. STOLL 3/7/95 407-367-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276726 CP