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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000020475

1. Corporation Name

HOMESTATE FINNING INC

| HOMEO | ATE TONDING, INC. | | | | | | |
|--|--|---|--------------|----------------------|--|-----------------|--------------|
| Principal Place | of Business | Mailing Address | | | | | |
| 20686 NW 27TH TERRACE BOCA RATON FL 33434 | | 21301 POWERLINE RD #309 BOCA RATON FL 33433 | | DO NOT WRITE IN TH | IS SPACE | | |
| | | US | | | 3, Date incorporated or Qualifed 03/07/1994 | | |
| 2 Principal P | ace of Business | 2a. Mailing Address | | | 4, FEI Number | Apr | plied For |
| 21 | 200 0, 200,000 | 26 7284 W. PALA | 46110 | PARE R | 35. 65-0474417 | Not | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | ****** | | \$8.75 A | dditional |
| 22 | ., | 27 SUITE 706 | | | 5. Certificate of Status Desired | Fee Re | quired |
| City & Stat | 9 | City & State | | | 6; Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 BOCA PATON | y F | <u></u> | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Zip | Coun | try | 8. This corporation owes the current year | Intangible | ىد |
| 24 | 25 | 29 33433 3 | 0 | <u>us</u> | Personal Property Tax. | | Mo |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Registere | d Agent | |
| WEIG | POEDCED IUDITA | | ľ | B1 Name | | | • |
| | BERGER, JUDITH | | | 82 Street Ad | idress (P.O. Box Number is Not Acceptable) | | |
| | 6 NW 27TH TERRACE | | Ĺ | | | | |
| BUC | A RATON FL 33434 | | | 83 | • | | |
| | | | l. | 84 City | | 85 Zip C | ode |
| | | | | | | | |
| office or r | to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | of Florida, Such change was auti | horizea | ny the comora | proration submits this statement for the purpose ation's board of directors. I hereby accept the app | ointment as reg | jistered |
| SIGNATURE | Signature, typed or printed name of registered agent | it and title if applicable. (NOTE: R | legistered A | igent signature requ | uired when reinstating) DATE | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | D | ☐ DELETE | 1.1 TITL | 1 | | Change | Addition |
| NAME | WEISBERGER, STEPHEN | | 1.2 NAM | | • | | |
| STREET ADDRESS | 20686 NW 27TH TERRACE | | 1.3 STR | REET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | | | Y-ST-ZIP | | | |
| TITLE | PSTD | ☐ DELETE | 2.1 1111 | | • | Change | Addition |
| NAME | WEISBERGER, JUDITH | | 2.2 NA | | • | | |
| STREET ADDRESS | 20686 NW 27TH TERRACE | | 2.3 STF | EET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | 1- | _ | Y-ST-ZIP | | | Addition |
| TITLE | | ☐ DELETE | 3 1 TITL | ì | | ☐ Change | Addition |
| NAME | | | 3.2 NA | | | | |
| STREET ADDRESS | | | 3,3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE | | ☐ DELETE | 4.1 TITI | | | слапде | L Addition |
| NAME | | | 4, 2 NA | | e e e e | | |
| STREET ADDRESS | | | 1 | RÉET ADDRESS | | | • |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | □ Changa | Addition |
| TITLE | | ☐ DELETE | 5.1 TITI | .E | | Change | L Addition |

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 if changed, or on an attachment with an address with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OFFICER OR DIRECTOR

☐ DELETE

(561) 447-0047

Change

☐ Addition