

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94 000022102

1. Corporation Name

Florida Home Mart, Inc.

Principal Place of Business

Mailing Address

8005 North Dale Mabry Hwy.
Tampa, FL 33614

APPROVED
AND
FILED
95 JUN 23 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
3/19/94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	same	26		59-3234157		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$0.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Neil S. Schecht, Esquire
McLean & Schecht, P.A.
4830 W. Kennedy Blvd., Suite 280
Tampa, FL 33609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Brescia	1 2 NAME	
STREET ADDRESS	1540 Gulf Blvd., Apt. 401	1 3 STREET ADDRESS	500001522675
CITY - ST - ZIP	Clearwater, FL 34630	1 4 CITY - ST - ZIP	-06/26/95--01023--001
TITLE	Jamie Willis	2 1 TITLE	***225.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director, Secretary, Treasurer	2 2 NAME	
STREET ADDRESS	3155 Shoreline Drive	2 3 STREET ADDRESS	
CITY - ST - ZIP	Clearwater, FL 34620	2 4 CITY - ST - ZIP	
TITLE	Don	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	Art Brescia, Director and Asst. Secretary	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS	1817 Aralia Drive	4 3 STREET ADDRESS	
CITY - ST - ZIP	Mt. Prospect, IL 60056	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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)(a), 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

Robert Brescia Robert Brescia / Pres.

5/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #