

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000023281 (6)

1. Corporation Name

HOMETRUST HOLDING CORPORATION

Principal Place of Business

6112 WASHINGTON STREET
HOLLYWOOD FL 33023

Mailing Address

6112 WASHINGTON STREET
HOLLYWOOD FL 33023



3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERS, EARL
18830 NW 17 AVE
MIAMI FL 33056

81 Name Larry Beckford
82 Street Address (P.O. Box Number is Not Acceptable)
6112 Washington Street
83 City
84 City Hollywood
85 Zip Code FL 33023

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] Larry Beckford
President

(NOTE: Registered Agent signature required when registering.)

DATE

4/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BECKFORD, LARRY
STREET ADDRESS 10215 CARACAS ST
CITY-ST-ZIP COOPER CITY FL 33026

TITLE VD
NAME CHAMBERS, EARL
STREET ADDRESS 18830 NW 17 AVE
CITY-ST-ZIP MIAMI FL 33056

TITLE VD
NAME KING, RANDOLPH
STREET ADDRESS 3517 SW 16 CT
CITY-ST-ZIP LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 305-964-1704
Date Daytime Phone

CR2E034 (12/95)