

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

APPROVED
AND
FILED

DOCUMENT # **P94000030195 (9)**

1. Corporation Name
HOMES AND LAND PLUS REALTY, INC.

95 APR -6 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1633 E VINE STREET SUITE 206 **1633 E VINE STREET SUITE 206**
KISSIMMEE FL 34744 **KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/18/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **1023 B 13TH STREET** 25 **same**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3244821** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional
Fee Required

23 **St. Cloud, FL** 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Added to Fees

24 **34769** 25 Country 29 Zip 30 Country

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSCAGLIA, SUSAN M
1633 E VINE STREET SUITE 206 **4125 Bergamot Ct.**
KISSIMMEE FL 34744 **Kissimmee, FL 34746**

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 fee if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	REESE, GLORIA J
STREET ADDRESS	P O BOX 701507
CITY - ST - ZIP	ST CLOUD FL 34770
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Buscaglia, Susan M.	
1.3 STREET ADDRESS	4125 Bergamot Ct.	
1.4 CITY - ST - ZIP	Kissimmee, FL 34746	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (changed), or on an attachment with an asterisk.

SIGNATURE: Gloria Reese **3-15-95 407/891-1499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date)