

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000032645 (1)**

1. Corporation Name

WELCOME HOMES USA, INC.



Principal Place of Business

Mailing Address

903 EMMETT ST
STE 2
KISSIMMEE FL 34741

903 EMMETT ST
STE 2
KISSIMMEE FL 34741

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
04/28/1994

3a. Date of Last Report
04/28/1995

4. FEI Number
59-3241863

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. 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

**MCCORMACK, ANNE MARIE
903 EMMETT ST
STE 2
KISSIMMEE FL 34741**

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person being registered as registered agent

Signature of Registered Agent to be registered

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **HELLEMANS, GUSTAAF P F C**
STREET ADDRESS: **2524 RACCOON RUN LN**
CITY - ST - ZIP: **ORLANDO FL 32837**

1.1 TITLE Change Addition

TITLE: **VP**
NAME: **MCCORMACK, ANNE-MANE**
STREET ADDRESS: **1859 KINGS POINT BLVD**
CITY - ST - ZIP: **KISSIMMEE FL**

1.2 NAME Change Addition

TITLE: DELETE

1.3 STREET ADDRESS Change Addition

TITLE: DELETE

1.4 CITY - ST - ZIP Change Addition

TITLE: DELETE

2.1 TITLE Change Addition

TITLE: DELETE

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY - ST - ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY - ST - ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY - ST - ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY - ST - ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY - ST - ZIP Change Addition

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:

AMM McCormack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)