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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044114 (4)

THE HOUSE OF HOUSE INCORPORATED

Principal Place of Business Mailing Address 1100 N. VICTORIA PK. ROAD 1100 N. VICTORIA PK. ROAD APT. 312 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304-2416 US									
							3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address 21							4. FE! Number 65-0497714		Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, A	Suite, Apt. #i, etc.				5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75 Additional e Required
City & State	е	Crty & S 28	Crty & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 24	Country 25	7ip 29		Counti	ry		8. This corporation has liability for Florida Statutes	intangible tax und Yes No	ler s. 199.032,
	9. Name and Address of Cur	rent Registered Ag	ent				10. Name and Address of New Ri	gistered Agent	
	SHEVER, HAROLD S			8	1	Name			
2455 E. SUNRISE BLVD., SUITE 917 FT. LAUDERDALE FL 33304				8:	2	Street Addr	ess (P.O. Box Number is Not Acceptable)		
				8	3				
				8	4	City		FL 85	Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob	ale of Florida. Such digations of, Section	change was 607.0505, Fi	authorized t orida Statuti	by tes.	the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appointmer	ng its registered it as registered
	Signature, typed or printed name of registered	agent and title it applicable AND DIRECTORS	(NO)		gori	! signature requir	ed whon reinstaling)	DATE DEDD AND DIDEC	TODE IN 12
12.	D		DELETE	13.		T- 	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	HOUSE, KEVIN E	_	_ Descri	1.2 NAME)			igo Em ricolion
STREET ADDRESS	1100 N VICTORIA PK. RD			13 \$1RE		ODRESS			
CITY-ST-ZIP	FT LARDERDALE FL			1.4 Cily					
TALE			DELETE	211011	-			Cha	nge 🔲 Addition
NAME				2.2 NAME	E				
Street address	B			2.3 STRE	ET A	DORESS			
CITY-ST-ZIP	·			2 4 City		- 7IP			
TITLE		Ļ	DELETE	3 1 1/TLE				☐ Cha	nge Addition
NAME				3.2 NAM6					
STREET ADDRESS				3.3 \$TRE		l			
CITY-ST-ZIP TITLE			DELETE	3.4 CITY 4.1 TITLE		- AP		Cha	nge Addition
NAME		·		4 2 NAM		}			
STREET ADDRESS				4 3 STHE		LODRESS			
CITY-ST-ZIP				4.4 CITY					
TALE	·		DE4E1{	51 TITLE				Cha	nge Addition
NAME				5.2 NAME	E				
STREET ADDRESS				5.3 STRE	ETA	ODRESS			
CITY-ST-ZIP				5.4 CITY	· \$1	- ZIP			
TITLE			DELETE	6.1 TITLE				☐ Cha	nge 🔲 Addition
NAME				62 NAME	٠ ٠	.			
STREET ADDRESS	1			6.3 STRE	£1 A	ADDRESS			
CITY-ST-ZIP				6.4 OITY	- \$1-	- ZIP	· · · · · · · · · · · · · · · · · · ·		·
14. I do heret informatio I am an o appears i	by certify that the information support in indicated on this familial report of ficer or directed of the corporation in Block 12 or Block 13 if changed	ntied with this aling d or supplemental ann n or the receiver or tr t, or on an attachme	oes not quat ual report is ustee empor nt with an ad	ity for the ex true and acc vered to exc dress.	cur cur cur	nption stated rate and that ite this repor	I in Section 119.07(3)(i), Florida Statute my signature shall have the same leg t as required by Chapter 607, Florida	es. I further certify all effect as if mad Statutes; and that	that the e under oath; tha my name

appears in block 12 or Block 15 Changed, or of the magnitude and

4/00/01

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FILED

May 19 1997 8:00am

Secretary of State