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

PROFIT CORPORATION ANNUAL REPORT 1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000062049	(9)
1. Corporation Name		• •

HOME PRO ADVANCED SERVICES, INC.

Principal Place of Business **5713 CORPORATE WAY** SUITE 100 W. PALM BEACH FL 33407 Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

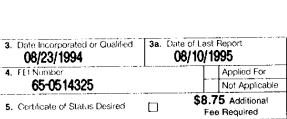
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9. Name and Address of Current Registered Agent

5713 CORPORATE WAY SUFTE 100

W. PALM BEACH FL 33407



\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Country 30 25 29

JONES, BERNARD 5713 CORPORATE WAY #100 WEST PALM BEACH FL 33407

	Florida Statutes Yes LI No
7	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

6. Election Campaign Financing

Trust Fund Contribution

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. Excito 807.0505.

2.	dynature, typod or printed name of registered agent and title it apple. OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12
T.E	P	DELETE	1. 1 TITLE	Change Addition
AME	JONES, BERNARD V		1.2 NAME	
TREET ADDRESS	5713 CORPORATE WAY, SUITE 100		1.3 STREET ADDRESS	
TY-ST-7/P	W. PALM BEACH FL 33407		1.4 C/TY+\$1-20°	
TLF		DELETE	2 1 TITLE	Change Addition
AME			2.2 NAME	
HEFT ADDRESS			2 3 STREET ADDRESS	
ITY-ST-ZIP			2.4 CITY+S1-ZIP	
TLE		DELETE	3 1 TITLE	Change
AME			3 2 NAME	
REET ADDRESS			3.3 STHEET ADORESS	
ITY-ST-ZIP			34 CITY - ST - ZIF	
TLE		DELETE	4 1 TITLE	Change Additio
AME			4.2 NAME	
IREET ADDRESS			4.3 STREET ADDRESS	
1Y-SI-7/P			4 4 CI1Y - ST - ZIP	
TLE		☐ DELFIE	5 1 TITLE	Change Additio
AME			5.2 NAME	
TREET ADDRESS			5.3 STHEET ADDRESS	
ITY - ST - ZIP			54 CITY-ST-74P	
1(F		DELETE	6 1 TITLE	Change Additio
AME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			64 CITY - S1 - 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 arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 all achiever with an address.

SIGNATURE:

Dayline Prone #