

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000075037 (9)

1. Corporation Name

HOMESPUN HEART, INC.
D.B.A. THE IVY COTTAGE



Principal Place of Business

1396 N STATE RD 7
MARGATE FL 33063

Mailing Address

1396 N STATE RD 7
MARGATE FL 33063

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
08/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLS, MAUREEN M
1396 N STATE RD 7
MARGATE FL 33063

10. Name and Address of New Registered Agent

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:

Maureen Wills

(NOTE: Registered Agent signature required when reinstating.)

4/24/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME WILLS, MAUREEN
STREET ADDRESS 9157 NW 21ST.
CITY - ST - ZIP CORAL SPRINGS FL 33071

1.1 TITLE Change Addition

TITLE T DELETE

NAME HARVEY-USICH, HOPE
STREET ADDRESS 5714 NW 48 CT
CITY - ST - ZIP CORAL SPRINGS FL 33067

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE S DELETE

NAME TAVARIS, ANNE
STREET ADDRESS 4909 NW 53RD ST.
CITY - ST - ZIP TAMARC FL 33319

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

S ANNE, TAVARIS
ADDRESS
11563 NW 6CT
CORAL SPRINGS, FL 33071

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 if changed, or on any attachment with an address.

SIGNATURE:

Hope Harvey - Usich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (254) 975-4767
Date Daytime Phone #

CR2E034 (12/95)