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
95 APR 24 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076997 (3)**

1. Corporation Name
HOMEVIEW REALTY CENTERS OF FLORIDA, INC.

Principal Place of Business: ~~100 SECOND AVE 12TH FLOOR ST PETERSBURG FL 33701~~

Mailing Address: ~~PO BOX 1100 ST PETERSBURG FL 33731~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 19353 US Hwy. 19 N.
2a. Mailing Address: 26 P.O. Box 6600
Suite, Apt. #, etc.: 22 Suite 100
Suite, Apt. #, etc.: 27
City & State: 23 Clearwater, Florida
City & State: 28 Clearwater, Florida
Zip: 24 34624 Country: 25 USA
Zip: 29 34618 Country: 30 USA

4. FEI Number: 59-3283456 — 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

LECOMPTE, MORRIS A
100 SECOND AVE 12TH FLOOR
ST PETERSBURG FL 33701

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	XD
NAME	~~LECOMPTE, MORRIS A~~
STREET ADDRESS	~~100 SECOND AVE 12TH FLOOR~~
CITY-ST-ZIP	~~ST PETERSBURG FL 33701~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ☐ Change ☒ Addition
1.2 NAME	~~James G. Mueller~~
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D ☐ Change ☒ Addition
2.2 NAME	James G. Mueller
2.3 STREET ADDRESS	~~James G. Mueller~~ ~~19353 US Highway~~ 19 North, Suite 100
2.4 CITY-ST-ZIP	Clearwater, Florida 34624
3.1 TITLE	S/D ☐ Change ☒ Addition
3.2 NAME	Edwin C. Tooke
3.3 STREET ADDRESS	19353 US Highway 19 North, Ste 100
3.4 CITY-ST-ZIP	Clearwater, FL 34624
4.1 TITLE	V/D ☐ Change ☒ Addition
4.2 NAME	Richard W. Cope
4.3 STREET ADDRESS	19353 US Highway 19 No., Ste 100
4.4 CITY-ST-ZIP	Clearwater, FL 34624
5.1 TITLE	T ☐ Change ☒ Addition
5.2 NAME	Lewis A. Sticco
5.3 STREET ADDRESS	19353 US Highway 19 North, Suite 100
5.4 CITY-ST-ZIP	Clearwater, FL 34624
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 an attachment with an address.

SIGNATURE: L. A. Sticco — Lewis A. Sticco — April 19, 1995 — 04/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446118 FP