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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000076997 (3)

1. Corporation Name

HOMEVIEW REALTY CENTERS OF FLORIDA, INC.

Principal Place of Business

19353 US HWY 19 N
STE 100
CLEARWATER FL 34624
US

Mailing Address

PO BOX 6600
CLEARWATER FL 34616-6600
US



3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

04/09/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Jill Fisher Powers-Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

19353 US HWY19 N.

83 Suite 100

84 City Clearwater

FL

85 Zip Code 34624

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 Jill Fisher Powers, Esquire

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MUELLER, JAMES G.
STREET ADDRESS 19353 US HWY 19 N, STE 100
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME SD
TOOKE, EDWIN C.
STREET ADDRESS 19353 US HWY 19 N, STE 100
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME VD
COPE, RICHARD W.
STREET ADDRESS 19353 US HWY 19 N, STE 100
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME T
STICCO, LEWIS A.
STREET ADDRESS 19353 US HWY 19 N, STE 100
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lewis A. Sticco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)538-5468

Date

Daytime Phone #

CR2E034 (9/96)