

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 # **P94000093075 (7)**

1. Corporation Name
HOMETECH, INC.



Principal Place of Business

**4301 NORTH FEDERAL HIGHWAY STE. 200
FORT LAUDERDALE FL 33308-5209**

Mailing Address

**4301 NORTH FEDERAL HIGHWAY STE. 200
FORT LAUDERDALE FL 33308-5209**

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

3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
04/04/1995

4. FEI Number
65-0547519

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

**LAMPE, DONALD E
4301 NORTH FEDERAL HIGHWAY STE. 200
FORT LAUDERDALE FL 33308-5209**

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 of the principal place of registered agent or director (if applicable)

(If title: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME **DC LAMPE, DONALD E** ☐ DELETE
12.2 STREET ADDRESS **4301 NORTH FEDERAL HIGHWAY STE. 200**
12.3 CITY-STATE-ZIP **FORT LAUDERDALE FL**
12.4 NAME **DP SCHMIDT, ERIC J** ☐ DELETE
12.5 STREET ADDRESS **4301 NORTH FEDERAL HIGHWAY STE. 200**
12.6 CITY-STATE-ZIP **FORT LAUDERDALE FL**
12.7 NAME ☐ DELETE
12.8 STREET ADDRESS
12.9 CITY-STATE-ZIP
12.10 NAME ☐ DELETE
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP
12.13 NAME ☐ DELETE
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME **SAT Laman, Nancy C.** ☐ Change ☒ Addition
13.2 STREET ADDRESS **4301 N Federal Hwy Ste. 200**
13.3 CITY-STATE-ZIP **Fort Lauderdale, FL 33308** ☐ Change ☐ Addition
13.4 NAME ☐ Change ☐ Addition
13.5 STREET ADDRESS
13.6 CITY-STATE-ZIP
13.7 NAME ☐ Change ☐ Addition
13.8 STREET ADDRESS
13.9 CITY-STATE-ZIP
13.10 NAME ☐ Change ☐ Addition
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 NAME ☐ Change ☐ Addition
13.14 STREET ADDRESS
13.15 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

954-491-2889

Daytime Phone #

CR2E034 (12/95)