FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000093283 (7)

HOME CONSTRUCTION INVESTMENT CORPORATION

2200 CORPO SUITE 401 BOCA RATO	ORATE BLVD. N.W. N FL 33431	2200 CORPORATE BLVD. SUITE 401 BOCA RATON FL 33431	N.W.	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 12/21/1994	S SPACE
2. Principal P	Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21 18425 N.W. 2MB HUENUE		26		65-0554503	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22 SUITE 350		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI FARISA		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 3816			30	Personal Properly Tax due June 30.	Yes No
	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
HCRM CORP.			81 Name		
2200 CORPORATE BLVD. N.W.		82 Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 401					
BOCA RATON FL 33431		83			
		84 City		85 Zip Code	
·				FL	_ -
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 typed or printed have of the systered agent and this temporality. (NOTE Registered Agent signature required when reinstating) DATE					
_12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELET e	1.1 TITLE		Change Addition
NAME	DUPREY, LAWRENCE A		1.2 NAME		
STREET ADDRESS	29 ST. VINCENT ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT OF SPAIN TR		1.4 CITY-ST-ZIP		
TITLE	VP .	DELETE	2.1 TITLE		Change Addition
NAME	FIFI, MICHAEL A		2.2 NAME		
STREET ADDRESS	#1 BERGERAC HEIGHTS		2.3 STREET ADDRESS		
CITY-ST-ZIP	Maraval Tr		2. 4 CITY - ST - ZIP		
TITLE	\$	DELETE	3.1 TITLE	4.4	Change Addition
NAME	DUPREY, LAWRENCE A		3.2 NAME		-
STREET ADDRESS	29 ST VINCENT ST		3.3 STREET ADDRESS		
CITY-SJ-ZIP	PORT OF SPAIN TR		3.4 CITY-ST-ZIP		
TITLE	ĀS	DELETE	4.1 TITLE		Change Addition
NAME	PIFI, MICHAEL A		4. 2 NAME		-
STREET ADDRESS	#1 BERGERAC HEIGHTS		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARAVAL TR		4.4 CITY - ST - ZIP		

14. Thereby 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 emplowered 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.

5.1 THLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CICMATURE.

PIFI. MICHAEL A

MARAVAL TR

#1 BERGERAC HEIGHTS

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

....

... /

Change

Addition

Addition

FILED

Apr 29 1998 8:00am

Secretary of State