

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

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Feb 10, 1999 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000001095**
 Corporation Name
HOME DEVELOPMENT CORP. OF SOUTH FLORIDA



DO NOT WRITE IN THIS SPACE

1 Principal Place of Business WESTLAKE DR BOYNTON BCH FL 33436		2 Mailing Address 101 WESTLAKE DR BOYNTON BCH FL 33436 US	
21 Principal Place of Business	2a Mailing Address	26	
22 Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	
23 City & State	City & State	28	
24 Zip	Country	29 Zip	30 Country

3 Date Incorporated or Qualified 01/05/1995	4 FEI Number 65-0546180	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STEINBERG, ANDREW
101 W. LAKE DR.
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

OFFICERS AND DIRECTORS

1. NAME P STEINBERG, ANDREW 101 W. LAKE DR. BOYNTON FL	<input type="checkbox"/> DELETE
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)