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May 14 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 # P95000009419 (9)

1. Corporation Name

NATIONAL HOME MINDERS, INC.

Principal Place of Business

46 N WASHINGTON BLVD #1
SARASOTA FL 34236

Mailing Address

46 N WASHINGTON BLVD #1
SARASOTA FL 34236-5877

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PATERSON, JOHN
46 N WASHINGTON BLVD #1
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

6. Election Campaign Financing

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC

NAME MCGIFFEN, JOHN W.

STREET ADDRESS 109 OVERLEA WAY

CITY- ST- ZIP VENICE FL

TITLE DPAS

NAME EDELL, EDWARD

STREET ADDRESS 109 OVERLEA WAY

CITY- ST- ZIP VENICE FL

TITLE DVPT

NAME CHAMBERLAIN, FRED

STREET ADDRESS 109 OVERLEA WAY

CITY- ST- ZIP VENICE FL

TITLE S

NAME EGGLESTON, SUSAN

STREET ADDRESS 109 OVERLEA WAY

CITY- ST- ZIP VENICE FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

JOHN W. MCGIFFEN, President

(941) 497-4786

4/29/97

Daytime Phone #

0427011

CR2E034 (9/96)