

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000016177 (4)**

1. Corporation Name
HOMESTEAD ARTISTS, INC.



Principal Place of Business

115 NORTH KROME AVE
SUITE 10
HOMESTEAD FL 33030

Mailing Address

115 NORTH KROME AVE.
SUITE 10
HOMESTEAD FL 33030

4/02 CORRECTED NO.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

65-0571136 ← 23-06-440116-52/7

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

4. FEI Number

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. 193.05? File on Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LYNN, SANDRA T
830 N. KROME AVE.
HOMESTEAD FL 33030

81 Name

82 Street Address (P.O. Box Number if Not Applicable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), 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, members, or sole proprietor, and accepted the original form of Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Corporation or Registered Agent

Signature of Registered Agent

FEI

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HELD, JOHN III | |
| STREET ADDRESS | 2260 S.E. 7TH LANE | |
| CITY-STATE-ZIP | HOMESTEAD FL 33033 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SCHOETTLE, ROBERT | |
| STREET ADDRESS | 32800 S.W. 202 AVE. | |
| CITY-STATE-ZIP | HOMESTEAD FL 33034 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HILLYER, CONNIE | |
| STREET ADDRESS | 97 N.E. 11TH ST. | |
| CITY-STATE-ZIP | HOMESTEAD FL 33030 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SMITH, ALICE | |
| STREET ADDRESS | 2395 S.E. 7TH PLACE | |
| CITY-STATE-ZIP | HOMESTEAD FL 33033 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 TITLE | |
| 16 NAME | |
| 17 STREET ADDRESS | |
| 18 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 TITLE | |
| 20 NAME | |
| 21 STREET ADDRESS | |
| 22 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 TITLE | |
| 24 NAME | |
| 25 STREET ADDRESS | |
| 26 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 TITLE | |
| 28 NAME | |
| 29 STREET ADDRESS | |
| 30 CITY-STATE-ZIP | |

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***200.00

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)(a), Florida Statutes. I further certify that the information indicated on this form is a report or supplemental annual report as defined in law and that my signature that has 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 no change appears in Block 12 or Block 13 if changed, or on an annual report with an address.

SIGNATURE: *Alice Smith, Treasurer*
ALICE Smith

March 22, 1996

305-230-0415

CR2E034 (12/95)

4/5/96