

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

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Mar 17 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 # 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 33030-6059**

3. Date Incorporated or Qualified: **02/27/1995**
 3a. Date of Last Report: **04/05/1996**
 4. FEI Number: **65-0571136**
 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite Apt. # etc.
 22 City & State
 23 Zip
 24 Country
 25
 26
 27
 28
 29
 30

9. Name and Address of Current Registered Agent
LYNN, SANDRA T
830 N. KROME AVE.
HOMESTEAD FL 33030

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

12. OFFICERS AND DIRECTORS

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

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 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: **ALICE SMITH** *Alice Smith* **3/12/97** **305-230-0415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)