

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

**FILED**  
**Mar 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Myrtham</b> # Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000016177 (4)**  
 1. Corporation Name  
**HOMESTEAD ARTISTS, INC.**



Principal Place of Business <b>115 NORTH KROME AVE.                  SUITE 10                  HOMESTEAD FL 33030</b>	Mailing Address <b>115 NORTH KROME AVE.                  SUITE 10                  HOMESTEAD FL 33030</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>2395 SE 7 Place</b>	<b>02/27/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0571136</b>	
22 City & State		27 City & State		5. Certificate of Status Desired	
23		<b>Homestead FL</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	
25 Country		30 Country		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>33033</b>		<input type="checkbox"/> <b>This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>	
		<b>USA</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LYNN, SANDRA T                  830 N. KROME AVE.                  HOMESTEAD FL 33030</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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: Alice Smith Alice Smith DATE: 2/19/98  
Signature typed or printed below of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELD, JOHN III</b>	1.2 NAME	<b>Robert Schoettle</b>
STREET ADDRESS	<b>2280 S.E. 7TH LANE</b>	1.3 STREET ADDRESS	<b>32800 SW 202 Ave</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	1.4 CITY-ST-ZIP	<b>Homestead, FL 33034</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOETTLE, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>32800 S.W. 202 AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33034</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLYER, CONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>87 N.E. 11TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ALICE</b>	4.2 NAME	
STREET ADDRESS	<b>2395 S.E. 7TH PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Alice Smith Treasurer

CR2E034 (10/97)