

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000020616 (5)**

1. Corporation Name

NEW HOME INTERACTIVE CORP.



Principal Place of Business

**1800 S. AUSTRALIAN AVE.
SUITE 102
W PALM BEACH FL 33409**

Mailing Address

**1800 S. AUSTRALIAN AVE.
SUITE 102
W PALM BEACH FL 33409**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MONESCALCHI, RICHARD J
7558 LAKE WORTH RD.
SUITE 102
LAKE WORTH FL 33467**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/14/1995

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. 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 of Registered Agent or Director (if applicable)

Signature of Registered Agent (if applicable) and when registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BRANDON, ROBERT J**
STREET ADDRESS **109 CANTON ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VTD** ☐ DELETE
NAME **BRANDON, KAREN D**
STREET ADDRESS **109 CANTON ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SD** ☐ DELETE
NAME **MCLELRY, GEORGE E JR.**
STREET ADDRESS **102 3RD COURT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9140 Dundee Drive**
1.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **9140 Dundee Drive**
2.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **McElroy, George E. Jr.**
3.4 CITY-ST-ZIP **302 3rd Court**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Brandon 4/23/96 (407) 684-3154
Daytime Phone

CR2E034 (12/95)