

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000039958 (0)**

1. Corporation Name  
**HOME CHOICE STORES, INC.**

Principal Place of Business  
**200 E. LAS OLAS BLVD., SUITE 1420  
FT. LAUDERDALE FL 33301**

Mailing Address  
**200 E. LAS OLAS BLVD., SUITE 1420  
FT. LAUDERDALE FL 33301-2248**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/18/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 <b>P. O. Box 850306</b>		4. FEI Number <b>65-0583483</b>		Applied For Not Applicable	
22 City & State		27		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fees Required</b>	
23 Zip		28 <b>Mesquite TX</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>75185-0306</b>		30 <b>US</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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>FIELDSTONE, RONALD R 2801 S. BAYSHORE DR. SUITE 1600 MIAMI FL 33133</b>				81 Name <b>CT Corporation System</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
				83			
				84 City <b>Plantation</b>			
				85 Zip Code <b>FL 33324</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 *Barbara A. Burke* **BARBARA A. BURKE** **SPECIAL ASSISTANT SECRETARY** **4-16-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>CEO</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>HUDSON, HARRIS W</b>			1.2 NAME	<b>Billy W. White, Sr.</b>		
STREET ADDRESS	<b>200 E. LAS OLAS BLVD., SUITE 1420</b>			1.3 STREET ADDRESS	<b>714 E. Kimbrough</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>			1.4 CITY-ST-ZIP	<b>Mesquite TX 75149</b>		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>VP/SEC</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MC GEE, PAUL</b>			2.2 NAME	<b>Dan C. Breeden, Jr.</b>		
STREET ADDRESS	<b>200 E. LAS OLAS BLVD., SUITE 1420</b>			2.3 STREET ADDRESS	<b>961 E. Main</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>			2.4 CITY-ST-ZIP	<b>Spartanburg SC 29302</b>		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>CFO</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>WRIGHT, PETER W</b>			3.2 NAME	<b>K. David Belt</b>		
STREET ADDRESS	<b>200 E. LAS OLAS BLVD., SUITE 1420</b>			3.3 STREET ADDRESS	<b>714 E. Kimbrough</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>			3.4 CITY-ST-ZIP	<b>Mesquite TX 75149</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *K. David Belt* **K. DAVID BELT, CFO** **4-16-97** **(972) 288-9327**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)