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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040981 (9)

WELCOME HOMES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

903 WEST EMMETT ST. STE 2 KIRSIMMEE FL 34741 903 WEST EMMETT ST. STE 2

## FILED May 02 1997 8:00am Secretary of State



MODIMMEE LE	54/41	VIOSIMMEE LE 34/41-3472			
				3. Date Incorporated or Qualified 05/24/1995	3a. Date of Last Report 05/30/1996
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lace of Business	2a. Mailing Address	oakst	4. FEI Number	Applied For
21   O & Suite, Apt.		26 / 106 W.1	ان جون	<u>5</u> 9-33 <u>89607</u>	Not Applicable  \$8.75 Additional
22	w, 010.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Liss	simmee F1.	28 KISSIMM	lee fi	Trust Fund Contribution	Added to Fees
Zíp	Country	Zip	Country	8. This corporation has liability for in	. •
24 34	14 25 05		0 <b>034</b>		Yes No
LIEU .	9. Name and Address of Current	Registered Agent	81 Name 🔏	10. Name and Address of New Reg	Istered Agent
	lemans, steve West Emmett St. Ste 2			nne-lipane IVI	cormack
	SIMMEE FL 34741		82 Street Add	lress (P.O. Box Number is Not Acceptabl	e)
Nioo	MMMPC LE 04/41		83	W. Care Si.	~
				ssimmer, folia	3474
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the pr	urpose of changing its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of Section 607.0505. Flori	thorized by the corpora ida Statutes.	ation's board of directors. I hereby accep	the appointment as jugistered
SIGNATURE		ormack	AMM	Commonal	4/23/97
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature requ	arou when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PT	☐ DELETE	1.1 TITLE		L Change L Addition
NAME	HELLEMANS, STEVE		12 NAME		
STREET ADDRESS	903 WEST EMMETT ST. STE 2		1.3 STHEET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741	T Dr. Pre	1.4 CITY - \$1 - ZIP		
TITLE	VPS	☐ DECETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCORMACK, ANNE-MARIE 903 WEST EMMETT ST. STE 2		2.2 NAME		
STREET ADDRESS	KISSIMMEE FL 34741		2.3 STREET ADDRESS		
CITY-ST-ZIP	KIGOIMMEE FL 34741	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME			32 NAME		LT change LT Applitur
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 1/1LE		Change Addition
NAME		<del></del>	4. 2 NAME		_ • -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 Þri Y-SI-ZIP		
14. I do heret	by certify that the information supplied on indicated on this appual report or su	with this filing does not qualify	for the exemption state and the	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	. I further certify that the
l am an o	fficer or director of the corporation or the	ie receiver or trusteo empowei	red to execute this reno	ort as required by Chapter 607, Florida St	alutes; and that my name
appears i	in Block 12 or Block 13 if changed, or o	on an attachment with an addr	ZOO N	1 1	