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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000042886 (8)

HOMESERVE, INC.

FILED

May 11 1998 8:00am

Secretary of State

						-			
Principal Place of Business Mailing Address					1 4554401 115 15101 41111 40111 40111 40111 40111)	1640 8641 6861		
333 W. 47TH STREET 574 W. 49TH STREET									
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140						DO NOT WRITE IN THIS SPACE			
\						3. Date Incorporated or Qualified			
MARCH						06/02/1995			
2. Principal Pi	lace of Business	2a. Mailing Address	the c)		4. FEI Number	A	pplied For	
	-41 STREET	26 574 W49	1	rec	<u> </u>	65-0586720	N	ot Applicable	
Suite, Apt.	#, el c.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27						equired	
City & State			H - F 602124			6. Election Campaign Financing		May Be	
23 11 / 14/13 Zip	Country	28 Mi Ami BESC	Count		144	Trust Fund Contribution		to Fees	
	140 25 USA	33140 3		. ڪو"	A -	 This corporation owes or has paid the cure. Personal Property Tax due June 30. 		tangible Do	
24 67.7	9. Name and Address of Current		<u></u>	<u> </u>		10. Name and Address of New Registered			
DE	CARVALHO, MARIA		8	1 Nam	e				
574 W. 49TH ST.				2 2	A A - A	(0.000)			
MIAMI BEACH FL 33140			8	2 Stree	n Addre	ss (P.O. Box Number is Not Acceptable)			
			8	3					
			8	4 City			85 Zip	Code	
44 Purcuant	to the provisions of Socions 607 0500	and 607 1509 Florida Statuton	tho aba	LO DOMA	d oorgo	FL			
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, typed or printed name of registered again	AllerLest				d when reinstating) DATE			
12.	OF FICE RS AND		13,	gent signat	Tre restoner	d which reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	2S IN 12	
TITLE	P	DELETE	1.1 TITLE		T	TIDDITION OF THE TIDE TO STATE OF THE TIDE TO THE TIDE TO STATE OF THE TIDE TO STATE OF THE TIDE TO STATE OF THE TIDE TO TH	Change	Addition	
NAME	DE CARVALHO, MARIA		1.2 NAM	E			_ •	_	
STREET ADDRESS	574 W. 49TH ST.		1.3 STRE	ET ADORESS	;				
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY	- ST - ZIP					
TITLE		☐ DELETE	2.1 TITLE		1		☐ Change	Addition	
NAME			2.2 NAM	Ē					
STREET ADDRESS			2.3 STRE	et address	s				
CITY-ST-ZIP			2. 4 DITY						
TITLE		□ DEL ET E	3 1 TITLE		1		☐ Change	Addition	
NAME			3.2 NAM	:					
STREET ADDRESS			3 3 STAE	et address	-				
CITY-ST-ZIP			3.4, CITY		<u> </u>				
TITLE		L] DELETE	41 THLE				Change	☐ Addition	
NAME			4. 2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-\$1-ZIP		Politic	4.4 CITY				<u> </u>		
TITLE		☐ DELĒTĒ	5.1 TITLE				Change	L Addition	
NAME			52 NAMI						
STREET ADDRESS				ET ADDRESS				}	
CITY-ST-ZIP		DELETE	5.4 CITY				Channe	A planter and	
TITLE		LJ VELETE	61 TITLE				☐ Change	Addition	
NAME CTOCCT ADDRESS			6.2 NAME		1]	
STREET ADDRESS				ET ADDRESS	1				
CITY-\$T-ZIP			6.4 CITY	51-712	1				

14. Thereby certify that the information supplied with this filling 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 an attachment with an address.

CIGNATURE.

i,

DU/20/98 305-673-1813