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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000065460 (4)

1. Corporation Name

FLORIDA HOMES INFO-NET, INC.

Principal Place of Business

3200 NORTH MILITARY TRAIL STE 300
BOCA RATON FL 33431

Mailing Address

3200 NORTH MILITARY TRAIL STE 300
BOCA RATON FL 33431-6311

3. Date Incorporated or Qualified
08/23/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

4. FEI Number
65-0603212

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH L. LENTS
3200 NORTH MILITARY TRAIL STE 300
SUITE 210
BOCA RATON FL 33431

81 Name

FRANCESCO MORELLO

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

FLORIDA HOMES INFO-NET INC.

83

3200 NORTH MILITARY TRAIL, SUITE 300

84 City

BOCA RATON

FL

85 Zip Code
33431

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 agent and title if applicable

Francesco Morello

04/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME LENTS, JOSEPH L.
STREET ADDRESS 3200 NORTH MILITARY TRAIL, SUITE 210
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MORELLO, FRANCESCO
1.3 STREET ADDRESS 3200 N. MILITARY TRAIL, SUITE 300
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☒ DELETE
NAME MURPHY, LORETTA A
STREET ADDRESS 3200 NORTH MILITARY TRAIL STE 300
CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francesco Morello

04/30/97

(561) 998-7000

Date

Daytime Phone #

0312906

CR2E034 (9/96)