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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067760 (5)

FILED Feb 16 1998 8:00am Secretary of State

HOMESELLERS INTERNATIONAL, INC.						
Principal Plac	e of Business	Mailing Address		- I CODICERT HE HAVE ANITY COLUMNITY SE	FFI DUME UNIN ISUN UFOIU I	Distra Ministra
2187 PINNACLE CIR N PALM HARBOR FL 34884		2167 PINNACLE CIR N PALM HARBOR FL 34684		DO NOT WRITE	IN THIS SPACE	
1				3. Date Incorporated or Qualified		
ì				08/29/1995		. 1
└	Place of Business	2a. Mailing Address	- .	4. FEI Number		Applied For
21			71	59-3336321		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	Additional Required
City & Stat	10	City & State	и ј.,	6. Election Campaign Financing		0 May Be
23		28 Palm Harbor	Horida	Trust Fund Contribution		d to Fees
Zıp	Country	7ip 11 92	Country	8. This corporation owes or has pa		
24	25 9. Name and Address of Curren		30 USA	Personal Property Tax due June 10. Name and Address of New Re		∐ No
nc		r riegistered Agent	81 Name	10. Name and Address of New Ac	gistored Agent	
	LUSO, JULIE A. B7 PINNACLE CIRCLE NORTH				-, - -	
	LM HARBOR FL 34684		82 Street Addr	ress (P.O. Box Number Is Not Acceptate	ole)	
			83			
			84 City		85 Zij	Code
					FL	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing of the appointment a	its registered
office or r	IBOISTANIO AGUIN. DE DOME IN THE STATE	ot Florida, Such change was at				
office or r agent 1 a	in familiar with, and accept the obliga	of Florida, Such change was at itions of, Section 607,0505, Flor	rida Statutes.	tion is social of officious. Thereby accept		
office or r agent 1 a SIGNATURE						
ı	registered agon, or both, in the state im familiar with, and accept the obligation Signature. Hyped or proted hand of registered agon OFFICE RS ANI.	of and title if applicable (NOTE	Registered Agent signature requir		DATE	
SIGNATURE	Signifure, typed or printed name of registered agen	of and title if applicable (NOTE	Registered Agent signature requir	ired when reinstating)	DATE	DRS IN 12
SIGNATURE	Signature Typed or protect name of registered ages OFFICERS AND D PELUSO, JULIE A	of and title if applicable (NOTE) DIRECTORS	Registered Agent signature required 13.	ired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. Title	Signature Typed or protect name of registered ages OFFICERS AND PELUSO, JULIE A 2167 PINNACLE CIR N	of and title if applicable (NOTE) DIRECTORS	Registered Agent signature requir 13. 1.1 TITLE	ired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. 11/1E NAME STREET ADDRESS CITY-ST-ZIP	Signature Typed or protect name of registered ages OFFICERS AND D PELUSO, JULIE A	of and title of applicable (NOTE) DIFFECTORS DELETE	Registered Apent eignature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12
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14. I 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 our an attachment with an address.

SIGNATURE:

Julestochuso

Julie A. Pelus

2/10/98

813-785-9419