

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075878 (5)

1. Corporation Name

HOMES R US, INC.

Principal Place of Business

1225 NORTHWEST 21 STREET, UNIT 2108
STUART FL 34994

Mailing Address

1225 NORTHWEST 21 STREET, UNIT 2108
STUART FL 34994



2. Principal Place of Business

21 1024 SE PORT ST. LUCIE BLVD

Suite, Apt. #, etc.

22 City & State

23 PORT ST. LUCIE FL

24 Zip

FL 34952

Country

25 ST. LUCIE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

4. FEI Number

AI 65-0611026

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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 the applicable

date). Registered Agent signature required when replacing

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	SHEEHAN, PAUL F	
STREET ADDRESS	1225 NORTHWEST 21 STREET, UNIT 2108	
CITY - ST - ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, PAUL F	
STREET ADDRESS	1225 NORTHWEST 21 STREET, UNIT 2108	
CITY - ST - ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Paul F. Sheehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL F. SHEEHAN

4-23-96

401-335-7000

Date

Daytime Phone #

CR2E034 (12/95)