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

P95000075878 (5) DOCUMENT #

HOMES R US, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



PORT ST. LUCIE FL 34952 US		STUART FL 34994	STUART FL 34994		DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualified 10/03/1995 				
2. Principal P	lace of Business	2a. Mailing Addres	is s		4, FEI Number			pplied For	
21		h	26		65-0611026			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	red S8.75 Additional Fee Required			
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	רז		May Be to Fees	
23	Country Zip		Country		8. This corporation owes or has paid the current year Intangible				
24	25	29	30		Personal Property Tax due June 30. Yes No				
<u> </u>	9. Name and Address of Curr				10. Name and Address of New Re		gent	=	
THE	E LAW FIRM OF LAWRENCE J		B1	Name					
	ALMERIA AVENUE	VI (LUILUI VI)	-	Ct A	dress (D.O. Day Number in Not Accente				
CORAL GABLES FL 33134			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		j	
J			B3	 -	<u>, </u>				
							I I:		
			B4	City		FL	85 Zip	Code	
11. Pursuant I office or re agent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida ate of Florida. Such chang ligations of, Section 607.08	Statutes, the above was authorized by 505, Florida Statutes	-named co the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose of copt the appoi	hanging i ntment as	ts registered registered	
SIGNATURE	Signature typind or printed name of registered	agent and title if applicable	(NOTE: Registered Ager	nt signature req	uired when reinstaling)	DATE	•		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTO	RS IN 12	
TITLE	PVST	DELE	TE 1.1 TITLE		P/T/D/C		Change	☐ Addition	
NAME	SHEEHAN, PAUL F		1.2 NAME		SHEEHAN, PAUL F			1	
STREET ADDRESS	1225 NORTHWEST 21 STR	EET, UNIT 2108	1.3 STREET	ADDRESS	1225 NW 21st Stre	et #2	108		
CITY-ST-ZIP	STUART FL 34994		1.4 C/TY-ST	- ZIP	Stuart, FL 34994				
TITLE	U	x DEL€	TE 2.1 TITLE		V/S/D		Change	Addition Selection	
NAME	SHEEHAN, PAUL F		2.2 NAME		FAULKNER, THOMAS	À			
STREET ADDRESS	1225 NORTHWEST 21 STR	EET, UNIT 2108	2 3 STREET	ADDRESS	2262 SE Shipping				
CITY-ST-ZIP	STUART FL 34994		2. 4 CITY-S	T-ZIP	Prt St Lucie, FL	34952,			
TITLE		☐ DELI	ETE 3.1 TITLE	1		Ļ	Change	☐ Addilion	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP		T neu	3.4. CITY-S	T-ZIP		- г	Change	Addition	
TITLE		☐ DELE				L	change	L_1 Addition	
NAME			4. 2 NAME						
STREET ADDRESS	, '		4.3 STREET	ŀ					
CITY-ST-ZIP		DEL	4.4 CITY - ST	1-ZIP			Change	Addition	
TITLE						L	- change		
NAME			5.2 NAME	ADDRESS					
STREET ADDRESS			5.3 STREET .	i					
CITY-ST-ZIP		☐ DELI	5.4 CITY - ST ETE 6.1 TITLE	- ZIP		ī	Change	Addition	
TITLE		[_] OLU	6.2 NAME				0,		
NAME				1000000					
STREET ADDRESS CITY-ST-ZIP			6.3 STREET. 6.4 CITY - ST						

the receiver or trustee egylowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with any pidress. officer or director of the corporation Block 12 or Block 13 if changed, or

4-79-94