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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90027 010 ***150.00

DOCUMENT # P95000081835

 Corporation 	n Name							
HOME S	HARING RESOURCES, INC.						181 SUSUL 11881 131	ION 11381 0313 1003
Principal Place of Business Mailing Address						. I IBBITERI LIO IRIOI DILLE ORIIL RAILI ORIIL RA	MI (848) 11881 181	180 ISI 8 1 8 151 1081
1576 8TH STRE								
SUITE 414 SUITE 414 SARASOTA FL 34236 SARASOTA FL 34236						DO NOT WRITE IN TH	IS SPACE	
US US						3. Date Incorporated or Qualifed		
			7			10/25/1995		
2. Principal P	lace of Business trail	2a. Mailing Address	1			4. FEI Number	<u> </u>	Applied For
21 270		26 <i>above</i>				65-0616953		Not Applicable Additional
Suite, Apt. 22 /6	#, etc.	27 Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required
City & State City & State						6. Election Campaign Financing	\$5.00	0 May Be
23 Sangrata 28						Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current year		V/10-
24 3423	9 25 Sararota	29 3	0			Personal Property Tax.	Yes	XNo :
	9. Name and Address of Current	Registered Agent	8	1 Name		10. Name and Address of New Registere	a Agent	
LEST	TER, HODGE S		0	Name				
1576 8TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 414				3				
SARASOTA FL 34236								
			8	84 City		F	L 85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named	curpoi	ration submits this statement for the purpose	of changing i	ts registered ===================================
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auti	norizea b	y the corp	oration	's board of directors. I hereby accept the app	iointment as i	registereo
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature	required 1	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.	OFFICERS AND DIRECTORS PSTD DELETE		13.		6/1	ADDITIONS/CHANGES TO CITTOERO	Change	
NAME	LESTER, HODGE S		1.2 NAME		e.	ela. Brown	_	
STREET ADDRESS	ACTO OTH CTDEET LIBET AAA			1.3 STREET ADDRESS /6.7		4 UNIVERSITY PK, WAY #	66	
CITY-ST-ZIP	SARASOTA FL 34236			1.4 CITY-ST-ZIP		moto 72. 3429	13	
TITLE	004 1 N D -	IN DELETE	2.1 TITLE		V.	Ρ	Change	e 🖪 Addition
NAME	agree N. B. sovo	n bill	2.2 NAME	E	W	elter RUGINSKI 🌉 👚		
STREET ADDRESS	667 BB Brookho	use cu	2.3 STRE	ET ADDRESS	580	28 Danbury La-		1
CITY-ST-ZIP	Saras et a 76	2, 3423(2. 4 CITY	-ST-ZIP	SA	RASOTA FL. 3423		
TITLE	alfred N. Beovon V.P. BELETE 667 Brookhouse Cir Sarasoda, Fl. 3423 (DELETE		3.1 TITLE			,	Change	e
NAME			3.2 NAMI					1
STREET ADDRESS				ET ADDRESS				1
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE				Change	e
TITLE] Sett it		4.1 NAME				. پ	
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE	_	1		Change	e 🔲 Addition
NAME			5 2 NAM	E				
STREET ADDRESS			53 STRE	ET ADDRESS				J
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			·	☐ Change	B Addition
NAME			6.2 NAM		. _	·		
STREET ADDRESS			6.3 STRE	ET ADDRESS	Ī			Į

CITY-ST-ZIP 14. 1 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Hodge LegTe R 3-10-99