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

PROFIT \*CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1930
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	1996	DIVISION OF	CORPORAT	rio	NS		
DOCUMENT # P9500088901 (0) 1. Corporation Name EXPRESS HOMEBUYERS, INC.							
Principal Place	of Business	Mailing Address					
615 N.E. 23RD TERRACE 615 N.E. 23RD TERRACE							
	BEACH FL 33062		POMPANO BEACH FL 33062				
						3. Date Incorporated or Qualified  11/20/1995  3a. Date of Last Re	port
2. Principal Pla	2a. Mailing Address	ailing Address			4. FEI Number	Applied For	
21	J - 1 -	26	Color And Hard			V #	Not Applicable
Suite, Apt. #	f, etc.	27 Suite, Apt. #, etc.	Suite, Apt. #, etc.			i a. Cennicate di Status Desired 😘 💮	Additional Required
City & State		City & State				6. Election Campaign Financing \$5.00	May Be
23		28					to Fees
Zip			Count	try		8. This corporation has liability for httangible tax under s 199.032,	
24	25   g. Name and Address of Curr	29 29 rent Registered Agent	30			Florida Statutes  No  10. Name and Address of New Registered Agent	
	<u> </u>			11	Name		
FILINGS, INC.				2	Street Addre	ess (P.O. Box Number is Not Acceptable)	
3732 N.W. 16TH STREET							
FORT LAUDERDALE FL 33311				3			
				84 City			Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				9-n	named corpora		aistered office
or registers	ed agent, or both, in the State of Fi h, and accept the obligations of, Si	orida. Such change was authoriza	ed by the co	rpc	oration's board	d of directors. I hereby accept the appointment as registered	agent. I am
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register				egistered Agent signature required when reinstaling) DATE			
12.	OFFICERS AND DIRECTORS  D DELETE			13. 1. 1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change	Addition
NAME	IRVIN, JOHN A JR			1.2 NAME			
STREET ADDRESS	615 N.E. 23RD TERRACE		1.3 STRE	1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			1.4 CITY~ST-ZIP			
TITLE		☐ DELETE		2 1 TITLE		☐ Change	☐ Addition
NAME CIRCL ADORESE			2 2 NAM	-	*DDDECC		
STREET ADDRESS CITY-ST-ZIP			235'R		ADDRESS T-7IP		
THILE		DELETE		3. 1 TITLE		☐ Change	Addition
NAME			3 2 NAM	3 2 NAME			
STREET ADDRESS			33 STR	EET	ADDRESS		
CITY-ST-ZIP	ר ז הבו בדר			3.4 CITY - S1 - ZIP			
- TITLE	☐ DELETE		1	4. 1 TITLE 4.2 NAME		☐ Change	Addition
NAME STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP			4.3 S N				
101LE		☐ DELETE	5 1 TITU			☐ Change	Addition
NAME			5.2 NAM	Œ			
STREET ADDRESS			5.3 S*RI	EE1.	ADDRESS		
CITY-ST-ZIP		ET DELETE	5.4 CITY		T-ZIP	F''I Abassa	CT Addition
THILE		DELETE	6 1 TITE	.t	1	Change	Addition

6.4 CITY - ST - ZIP CITY-ST-7IP 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). Fiorida 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 or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

SONING OFFICER OR DIRECTOR

CR2E034 (12/95)