

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 31 1998 8:00am
Secretary of State

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000001596
1. Corporation Name
The Home Advantage West, Inc.

Principal Place of Business Mailing Address
3130 63rd Avenue East
Bradenton, Florida 34203

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/29/95 | |
| 21 | | 26 | | 4. FEI Number 65-0635423 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Zip | 25 | Country | | |
| 29 | Zip | 30 | Country | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Donald J. Harrell
2033 Main Street, Suite 300
Sarasota, Florida 34237

81 Name
Donald J. Harrell
82 Street Address (P.O. Box Number is Not Acceptable)
1776 Ringling Boulevard
83
84 City
Sarasota FL 85 Zip Code
34236

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | Asst. Secretary/Treasurer <input checked="" type="checkbox"/> DELETE | 11 TITLE | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Asst. V.P. of Operations | 12 NAME | Tamaronn I. Becich |
| STREET ADDRESS | Kirk S. Vaught | 13 STREET ADDRESS | 3130 63rd Avenue East |
| CITY-ST-ZIP | Bradenton, Florida 34203 <input type="checkbox"/> DELETE | 14 CITY-ST-ZIP | Bradenton, Florida 34203 |
| TITLE | | 21 TITLE | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 22 NAME | Bob Knicker |
| STREET ADDRESS | | 23 STREET ADDRESS | 3130 63rd Avenue East |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | Bradenton, Florida 34203 |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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 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:

600002629636
-09/01/98--01012--010
***\$1.50

8/20/98 941-755-9294

CR2E034 (5/98)