

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

DOCUMENT # P96000012871 (5)

1. Corporation Name  
HOMEDEQ, INC.

Principal Place of Business  
2625 WEST STATE ROAD 434  
LONGWOOD FL 32779

Mailing Address  
2625 WEST STATE ROAD 434  
LONGWOOD FL 32779

FILED  
May 01 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1996	
21 755-A West St Rd 434	26	2a. SAME		4. FEI Number 59-3360119	Applied For Not Applicable
22 Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Longwood, FL	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32750	25 Country USA	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RODGERS, LENNY 2625 WEST STATE ROAD 434 LONGWOOD FL 32779		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		BONNIE B. RODGERS 2118 ROYAL FERN CT. LONGWOOD FL 32779	

11. Pursuant to the provisions of Sections 607.02 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE Bonnie B. Rodgers, President BONNIE B. RODGERS 4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	DELETE <input checked="" type="checkbox"/>	2.1 TITLE	2.2 NAME
STREET ADDRESS	DENNIS ZINK	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	4946 FAUN RIDGE DR	3.1 TITLE	3.2 NAME
DELETE <input checked="" type="checkbox"/>	SANFORD, FL 32771	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	RAY WATSON	4.1 TITLE	4.2 NAME
NAME	713 CONESUS LANE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	WINTER SPRINGS, FL 32708	5.1 TITLE	5.2 NAME
CITY-ST-ZIP	DELETE <input type="checkbox"/>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
DELETE <input type="checkbox"/>		6.1 TITLE	6.2 NAME
TITLE	DELETE <input type="checkbox"/>	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
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 statement 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; and that I am 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.

SIGNATURE Bonnie B. Rodgers 4-20-98 407-869-4320

CR2E034 (10/97)