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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

A PARAMERIA DING BURIN BARAN BARAN BARAN BARAN BARAN BURIN BURIN BARAN BARAN BARAN BARAN BARAN BARAN BARAN BAR

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600035961 (7) HOME HUNTING HEADQUARTERS, INC.

					a 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address					
123 HAND STREET KISSIMMEE FL 34741		123 HAND STREET KISSIMMEE FL 34741-5035			
				3. Date Incorporated or Qualified 04/22/1996	3a. Date of Last Report
2. Principal Pl	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-346074	/ Not Applicable
_		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		City & Ctate			Fee Required
City & State	в	City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip	Country	28 Z _I p	Country		
24	25	\	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, (Yes X No
541	9. Name and Address of Cur		30]	10. Name and Address of New Re	
3501 KIS8	WARTZ-JOHN 1 WEST VINE STREET V382 SHAMEE TL 34741 to the provisious of Sections 607. registered aberts or both, in the St	.0502 and 607.1508, Florida Statuti tatulol Horida Such chavie was a	83	Debovah Crain Address (P.O. Box Number is Not Acceptable 123 Hand Street Tissimme e corporation submits this statement for the poration's board of directors. Thereby accept	e. 4-
agent. I a	^ _ <i></i>	~ \	orida Statutes.		1-16-97
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	🛂 DELETE	13 HRE	President.	Change Addition
NAME	CRAIN, DABORAH		1.2 NAME	Deborah Crain	
STREET ADDRESS	123 HAND STREET		1.3 STREET ADDRESS	123 Hand St	
CITY-ST-ZIP	KISSIMMEE FL 34741		3.4 CHY+S1+ZIP	Kissimmee, fl	34-741
TITLE	0	☐ DELF1f	2 1 TOLE		Change Addition
NAME	CRAIN, STEPHEN		2.2 NAME		
STREET ADDRESS	123 HAND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY - S1 - ZIP		Denna DAdditas
TITLE		☐ DELETE	4.1 TOLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CITY-ST-ZIP		Change Addition
TITLE		FT Dereit	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Dottett	5.4 CITY - \$1 - ZIP		Change Addition
TITLE		[_] DELETE	6.1 TITLE		LI Mange LI Addition
NAME			6.2 NAME		
STREET ADDRESS	_		6 9 STREET ADDRESS		
CITY-ST-ZIP		and and with this films does not qualif	6 4 CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statute	- I further continue that the
informatio	on indicated on this annual report	for supplemental annual report is 10	Tue and accurate and I	that my signature shall have the same loga eport as required by Chapter 607, Florida S	I effect as if made under oath; that italules; and that my name