

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000049599 (9)

1. Corporation Name
HOME SURVEY COMPANY

Principal Place of Business
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS FL 33071-8909



3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
4. FEI Number 65-0677342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

HUME, JOHN
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, V, T	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUME, JOHN ESQ.	12 NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 301	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D, P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HENRY	22 NAME	
STREET ADDRESS	1401 University Drive Suite 301	23 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33071	24 CITY-ST-ZIP	
TITLE	D, V, S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPAY, CATHERINE	32 NAME	
STREET ADDRESS	1401 University Drive Suite 301	33 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33071	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNINGHAM, ANTHONY	42 NAME	
STREET ADDRESS	1401 University Drive Suite 301	43 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33071	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-97 954 755 9880

Date Daytime Phone

CR2E034 (9/96)