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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Change

☐ Addition

T PROCENTE CON TRAIN MAINT MAINT MAINT DONA BROWN ALLER BROWN FROM MAINT HEAVY

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060353 (5)

HOMEBUILDERS FINANCIAL NETWORK MANAGEMENT COMPAN Y. INC.

Principal Place of Business Mailing Address					1	DOELD BAIRE BOLES !!	iri vil	# (III) 18 #[
7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5897										
						3. Date Incorporated or Qualified 07/18/1996	3a. Date of	Last R	eport	
2. Principal Place of Business 2e. Mailing Address						4. FEI Number		Ap	pplied For	
21		26				65-0682756		No	l Applicabl	
Suite, Apt.	#, etc.	Suite, Apt. #. etc.	27			5. Certificate of Status Desired	11	\$8.75 Additional Fee Required		
City & Stat	ө	City & State				6. Election Campaign Financing			May Be j	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zφ	Cou	intry		8. This corporation has liability for i		nder s.	. 199.032,	
24	25 9. Name and Address of Currer	29	30	r		Florida Statutes X 10. Name and Address of New Re	Yes No			
DDA		it uahisteten whatit		81	Namo	IU. Name and Address of New Re	Jisterea Agent			
	IFMAN, HOWARD J D MIAMI LAKES DRIVE WEST			["	14mmo					
	MILAKES FL 33018			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	~		
MIA	MI LAVES LE 22010			83			· •			
•				84	City		85	Zip (Code	
44 Durawant	to the provinces of Costions 607.010	22 cmd 607 4609 Floride Cto	tulon the of		n page of care	oration submits this statement for the p on's board of directors. I hereby accep				
SIGNATURE	Signature, typed or printed name of registered ag			d Agn	ят віднатиге георіге	ed when reinstating)	DATI			
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 Ti			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		IS IN 12	
NAME	MEYERS, THOMAS H	DEG IC	1.1 II 1.2 N/				E_J U	iangs		
STREET ADDRESS	7900 MIAMI LAKES DRIVE WE	T2:	P		ADDRESS					
	MIAMI LAKES FL 33016	.01								
CITY-ST-ZIP TITLE	D	DELETE	2170		1 · 21F		Пс	nanne	Addition	
NAME	BARROCAS, LINDA		2.2 N		ľ		<u> </u>			
STREET ADDRESS	7900 MIAMI LAKES DRIVE WE	ST			ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016				\$1-ZIF					
TITLE		DELETE.	3.1 71	•			C	hange	Addilio	
NAME			3.2 N	AME						
STREET ADDRESS			3351	THEE3	ADDRESS					
CITY-ST-ZIP					ST-ZIF					
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NAME			4.2 N	AME						
STREET ADDRESS			4.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP		····			51 - 21F				··· ···· -	
TITLE		☐ DELETE	5.110				∐ C	nange	[_] Additio	
NAME			5.2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CI	IY-S	ST - ZHP					

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 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 their deevel, or trulice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 it as in field in the same legal effect as if made under oath; that appears in Block 12 or block 13 it as in field in the same legal effect as if made under oath; that appears in Block 12 or block 13 it as in field in the same legal effect as if made under oath; that appears in Block 12 or block 13 it as in field in the same legal effect as if made under oath; that is a supplemental annual report is fine 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 of the report of the corporation of the corporati

6.1 TrilE

6.2 NAME

6.3 STREET ADDRESS

DELETE