

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063127 (0)

1. Corporation Name
HOME EXPERTS, INC.



Principal Place of Business 2953 WATERFORD DR N DEERFIELD BEACH FL 33442	Mailing Address 2953 WATERFORD DR N DEERFIELD BEACH FL 33442-5962
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3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report _____
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2. Principal Place of Business	2a. Mailing Address
21 1500 SE 3RD CT	26 2953 WATERFORD DR N
22 Suite 103	27 _____
23 DEERFIELD BCH, FL	28 DEERFIELD BCH, FL
24 33441	29 33442
25 BROWARD	30 BROWARD

4. FEI Number 65-0687768-04241Z	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ATLANTIS REGISTERED AGENTS, INC.
 C/O GERALD DAMSKY, P.A.
 5355 TOWN CENTER RD SUITE 301
 BOCA RATON FL 33486**

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

TITLE	EXECUTIVE VICE-PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	ANGELA DAVIS-BUEHM
STREET ADDRESS	2953 WATERFORD DRIVE N.
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	KENNETH DAVIS
STREET ADDRESS	2953 WATERFORD DR. N
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	PRESIDENT/TREASURER/SECRETARY <input type="checkbox"/> DELETE
NAME	MARTIN A. BUEHM
STREET ADDRESS	2953 WATERFORD DR. N
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK FOLD
1.3 STREET ADDRESS	1500 SE 3RD CT suite 103
1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Martin A. Buehm* 4-26-97 020-028-4703

CR2E034 (9/96)