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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087362 (5)

1. Corporation Name
HOME TEAM HEROES, INC.



Principal Place of Business

200 SOUTH ANDREWS AVENUE
SIXTH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address

200 SOUTH ANDREWS AVENUE
SIXTH FLOOR
FORT LAUDERDALE FL 33301-1864

3. Date Incorporated or Qualified
10/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD

2a. Mailing Address

26 450 EAST LAS OLAS BLVD

4. FEI Number

65-0706028

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 1500

Suite, Apt. #, etc.

27 SUITE 1500

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33301

Country

25 USA

Zip

29 33301

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
27TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RICHEN RICHARD C
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLWR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VPS
NAME PIERCE WILLIAM M
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLWR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE T
NAME BRANDON CRIS V
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLWR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0289803

CR2E034 (9/96)