

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # P96000087547 (1)

1. Corporation Name

HOMETENDERS OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

107 VILLA CIRCLE
ATLANTIS FL 33462

107 VILLA CIRCLE
ATLANTIS FL 33462-1317

3. Date Incorporated or Qualified

10/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 251 ROYAL PALM WAY

26 251 ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 301

27 301

City & State

City & State

23 PALM BEACH FL

28 PALM BEACH FL

Zip

Zip

24 33480 Country 25 PALM BEACH

29 33480 Country 30 PALM BEACH

9. Name and Address of Current Registered Agent

VISCONSI, THOMAS A JR.
107 VILLA CIRCLE
ATLANTIS FL 33462

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 D [] DELETE

NAME VISCONSI, THOMAS A JR.

STREET ADDRESS 107 VILLA CIRCLE

CITY-ST-ZIP ATLANTIS FL 33462

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [X] Addition

1.2 NAME [] Change [X] Addition

1.3 STREET ADDRESS [] Change [X] Addition

1.4 CITY-ST-ZIP [] Change [X] Addition

2.1 TITLE [] Change [X] Addition

2.2 NAME [] Change [X] Addition

2.3 STREET ADDRESS [] Change [X] Addition

2.4 CITY-ST-ZIP [] Change [X] Addition

3.1 TITLE [] Change [X] Addition

3.2 NAME [] Change [X] Addition

3.3 STREET ADDRESS [] Change [X] Addition

3.4 CITY-ST-ZIP [] Change [X] Addition

4.1 TITLE [] Change [X] Addition

4.2 NAME [] Change [X] Addition

4.3 STREET ADDRESS [] Change [X] Addition

4.4 CITY-ST-ZIP [] Change [X] Addition

5.1 TITLE [] Change [X] Addition

5.2 NAME [] Change [X] Addition

5.3 STREET ADDRESS [] Change [X] Addition

5.4 CITY-ST-ZIP [] Change [X] Addition

6.1 TITLE [] Change [X] Addition

6.2 NAME [] Change [X] Addition

6.3 STREET ADDRESS [] Change [X] Addition

6.4 CITY-ST-ZIP [] Change [X] Addition

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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 561-655-6136

CR2E034 (9/96)