

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 18 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # P96000094320 (4)

1. Corporation Name

HOME BUYER'S PLUS SELLER'S RESOURCE, INC.

Principal Place of Business

325 SOUTH ORLANDO AVE  
SUITE 4  
WINTER PARK FL 32789

Mailing Address

325 SOUTH ORLANDO AVE  
SUITE 4  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

|   |                                |
|---|--------------------------------|
| 3. Date Incorporated or Qualified<br>11/18/1996   | 3a. Date of Last Report        |
| 4. FEI Number<br>59-3416821   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ASHLEY, DAVID W  
325 SOUTH ORLANDO AVE  
SUITE 4  
WINTER PARK FL 32789

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                            | <input type="checkbox"/> DELETE |
| NAME           | ASHLEY, DAVID W              |                                 |
| STREET ADDRESS | 325 SOUTH ORLANDO AVE, STE 4 |                                 |
| CITY-ST-ZIP    | WINTER PARK FL 32789         |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 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    |   |

000002245640-4  
-07/23/97--01118--001  
\*\*\*\*165.00 \*\*\*\*165.00

SCC 7-18-97

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]*

7-16-97

CP2E034 (4/97)



July 16, 1997

Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Late Filing

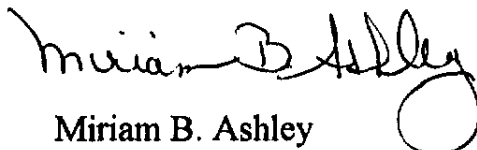
To Whom It May Concern:

As per my conversation and instructions moments ago with "Angela" at your office at (904) 488-9000, I am submitting this letter along with a check in the amount of \$165.00 for the filing of our Corporation Annual Report for Home Buyer's Plus Seller's Resource, Inc. We never received the original packet for this company as well as one other, but received a "Second Notice" yesterday.

We did receive the report for another of our companies (Ashley Appraisal and Consulting Services, Inc.) months ago and paid by your due date.

Thank you for your consideration in this matter. If you have any questions, please let me know.

Sincerely,

  
Miriam B. Ashley