

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000019118

1. Corporation Name

HOMEFINDERS REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

POST OFFICE BOX 1523  
TALLAHASSEE FL 32302

Mailing Address

POST OFFICE BOX 1523  
TALLAHASSEE FL 32302

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

ZAPP, SHEILA  
2036 MISSION ROAD  
TALLAHASSEE FL 32304

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 registrant, if applicable

(NOTE: Registered Agent's name is required on this form)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME P  
ZAPP, S.A.  
STREET ADDRESS P.O. BOX 1523 N/A  
CITY-STATE-ZIP TALLAHASSEE FL 32307

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE [ ] Change [ ] Addition

12. NAME 7000002836597-4

13. STREET ADDRESS -04/12/99-01117-016

14. CITY-STATE-ZIP \*\*\*\*150.00 \*\*\*\*150.00

15. TITLE [ ] Change [ ] Addition

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE [ ] Change [ ] Addition

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE [ ] Change [ ] Addition

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE [ ] Change [ ] Addition

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

Page 1 of 2

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