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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT/# **P97000046046 (3)**

1. Corporation Name
HOME TEAM ENTERPRISES, INC.

[redacted]

Principal Place of Business	Mailing Address
6415 CORONET DRIVE NEW PORT RICHEY FL 34655	6415 CORONET DRIVE NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1997

2. Principal Place of Business 21 4210 LITTLE ROAD	2a. Mailing Address 26 C/O LUKE BROTHERS, INC.	4. FEI Number 59-3462504	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 967	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 NEW PORT RICHEY FL	City & State 28 NEW PORT RICHEY FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 34655 Country 25 USA	Zip 29 34656-0967 Country 60 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: DAVID J. LUCADANO
82 Street Address: 7930 CONGRESS ST.
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34653

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: DAVID J. LUCADANO, PRESIDENT DATE: 8-24-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP,D	☒ Change ☒ Addition
NAME	LUCADANO, PETER		1.2 NAME		
STREET ADDRESS	6415 CORONET DRIVE		1.3 STREET ADDRESS	4129 WOOD TRAIL BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	NPR, FL 34655	
TITLE	D	☐ DELETE	2.1 TITLE	P,D	☒ Change ☒ Addition
NAME	LUCADANO, DAVID		2.2 NAME		
STREET ADDRESS	6415 CORONET DRIVE		2.3 STREET ADDRESS	4631 ROWE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		2.4 CITY-ST-ZIP	NPR, FL 34653	
TITLE	D	☐ DELETE	3.1 TITLE	S,T,D	☒ Change ☒ Addition
NAME	WICK, CHRISTOPHER		3.2 NAME		
STREET ADDRESS	6415 CORONET DRIVE		3.3 STREET ADDRESS	12608 WOODBINE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4 CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE		☒ DELETE	4.1 TITLE	CFO	☐ Change ☐ Addition
NAME			4.2 NAME	MICHAEL C. BOYETTE	
STREET ADDRESS			4.3 STREET ADDRESS	3003 FORRESTAL ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002636809	
STREET ADDRESS			6.3 STREET ADDRESS	-09/11/98--01025--001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E034 (10/97)

14. I 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: PRESIDENT-DAVID J. LUCADANO