

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90126 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000046718**

1. Corporation Name
HOME ADVANTAGE INTERNATIONAL CORPORATION



Principal Place of Business
~~275 EAST CENTRAL PARKWAY SUITE 238 ALTAMONTE SPRINGS FL 32701-3432~~

Mailing Address
 P.O. BOX 161118 ALTAMONTE SPRINGS FL 32716-1118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1055 KENSINGTON PARK DR.**
 Suite, Apt. #, etc.
 22 **SUITE 511**
 City & State
 23 **ALTAMONTE SPRINGS FL**
 Zip Country
 24 **32714-1985** 25 **USA**

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29
 30

3. Date Incorporated or Qualified
05/28/1997

4. FEI Number Applied For
59-3449107 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
~~LAMPERT, DAVID M
 275 E CENTRAL PARKWAY STE 238 ALTAMONTE SPGS FL 32701-3432~~

10. Name and Address of New Registered Agent
 81 Name **LAMPERT, DAVID M**
 82 Street Address (P.O. Box is Not Acceptable) **1055 KENSINGTON PARK DR.**
 83 **SUITE 511**
 84 City **ALTAMONTE SPRINGS** FL 85 Zip Code **32714-1985**

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 DATE **1999-04-16**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MARR, MARLA A	
STREET ADDRESS	275 E CENTRAL PARKWAY, STE 238	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-3432	
TITLE	SVTD	<input type="checkbox"/> DELETE
NAME	LAMPERT, DAVID M	
STREET ADDRESS	275 E CENTRAL PARKWAY, STE 238	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-3432	
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PCD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LAMPERT, MARLA A		
1.3 STREET ADDRESS	1055 KENSINGTON PARK DR., SUITE 511		
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-1985		
2.1 TITLE	SVTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	LAMPERT, DAVID M		
2.3 STREET ADDRESS	1055 KENSINGTON PARK DR., SUITE 511		
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-1985		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: DATE: **1999-04-16** DAYTIME PHONE #: **407-831-4499 x 82**

CR2E034 (11/98)