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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000054052 (0)

1. Corporation Name

HOMA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

3707 SOUTHEAST 11 AVENUE
CAPE CORAL FL 33904

3707 SOUTHEAST 11 AVENUE
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1529 B SE 47th Terrace

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Cape Coral, FL

28 City & State

29 City & State

24 Zip

33904

25 Country

USA

29 Zip

30 Country

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER-CHARTERED
343 ADLERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

M & M Accounting, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

37 NE 9th Ave.

83

84 City

Cape Coral

FL

85 Zip Code

33909

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in printed name of registered agent and not a proxy holder

Signature of Registered Agent (Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VADASZ, HORST
STREET ADDRESS 3707 SOUTHEAST 11 AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VSTD ☐ DELETE

NAME VADASZ, MARTINA
STREET ADDRESS 3707 SOUTHEAST 11 AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE

Signature of Registered Agent

3/10/98 941-541-0602

CR2E034 (10/97)