

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

FILED
May 07 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000072154 (2)

1. Corporation Name
HOME CRUISING, INC.

Principal Place of Business
868 CRESTVIEW CIRCLE
WESTON FL 33327

Mailing Address
868 CRESTVIEW CIRCLE
WESTON FL 33327



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 868 Crestview Cir Suite, Apt. #, etc. 22 City & State 23 Weston FL Zip 24 33327 Country 25 U.S.A | | 2a. Mailing Address 26 868 Crestview Cir Suite, Apt. #, etc. 27 City & State 28 Weston FL Zip 29 33327 Country 30 U.S.A | | 3. Date Incorporated or Qualified 08/20/1997 | |
| 4. FEI Number 650774305 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent DOMINGUEZ, ALICIA B 868 CRESTVIEW CIRCLE WESTON FL 33327 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Alicia B. Dominguez DATE _____
Signature typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | D | 1.1 TITLE | |
| NAME | DOMINGUEZ, ALICIA B | 1.2 NAME | |
| STREET ADDRESS | 868 CRESTVIEW CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33327 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | DOMINGUEZ, RAFAEL | 2.2 NAME | |
| STREET ADDRESS | 868 CRESTVIEW CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON FL 33327 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Alicia B. Dominguez Apr 24 98 (954) 385-0355

CR2E034 (10/97)