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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90114 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000077313

1. Corporation Name  
HOMELINE U.S.A., INC.

Principal Place of Business  
9869 KILGORE ROAD  
ORLANDO FL 32836

Mailing Address  
P O BOX 1344  
WINDERMERE FL 34786  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2761 Cedar Dr

Suite, Apt. #, etc.

22

23 Riva, Md

City & State

Zip

24 21140

Country

25 USA

2a. Mailing Address

26 P.O. Box 490

Suite, Apt. #, etc.

27

28 Edgewater MD

City & State

Zip

29 21037

Country

30 USA

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3474041

Applied For

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

COOK, JOHN F  
9869 KILGORE ROAD  
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name Mulligan, Carol J.

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

83

84 City Indialantic

FL

85 Zip Code 32903

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

Carol J. Mulligan

4-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COOK, JOHN F  
STREET ADDRESS 9869 KILGORE RD  
CITY-ST-ZIP ORLANDO FL 32836

TITLE VPS ☐ DELETE

NAME COOK, MARILYN R  
STREET ADDRESS 9869 KILGORE RD  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Cook, John F.  
1.3 STREET ADDRESS 2761 Cedar Dr  
1.4 CITY-ST-ZIP Riva MD 21140

2.1 TITLE VPS ☒ Change ☐ Addition

2.2 NAME Cook, Marilyn R  
2.3 STREET ADDRESS 2761 Cedar Dr  
2.4 CITY-ST-ZIP Riva MD 21140

3.1 TITLE VPS ☐ Change ☒ Addition

3.2 NAME Mulligan, Carol J.  
3.3 STREET ADDRESS 105 Melbourne Ave  
3.4 CITY-ST-ZIP Indialantic FL 32903

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 with all other like empowered.

SIGNATURE:

Marilyn R Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

407-876-4663

Date

Daytime Phone #

CR2E034 (11/98)