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

**PROFIT** FLORIDA DEPARTMANOF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 98 JUN - 5 PM 3: 23 P97000086025 (8) DOCUMENT # 1. Corporation Name SECRETARY OF STATE HOMETOWN HEROES, INC. Principal Place of Business Mailing Address 951 SW 134TH AVE 113 N FEDERAL HWY DAVIE FL 33314 DANIA FL 33004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the darrent year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registers Agent . Name and Address of Current Registered Agent 81 Name ada**ms**. Gerald J 113 N FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) DANIA FL 33004 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registerest age it and title it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE HENDERSON, WILLIE J NAME 1.2 NAME 951 SW 134TH AVE 1.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33314** 1.4 CITY - ST - ZIP CITY-ST-ZIP 20000255**2902-**04@ -06/09/93--01067--020 DELETE TITLE 2 1 TITLE HENDERSON, JACE A 2.2 NAME NAME \*\*\*\*150.00 \*\*\*\*150.00 **951 SW 134TH AVE** STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 33314 2 4 CITY - ST - ZIP CITY-ST-ZIF ☐ OFFETE Addition ☐ Change TITLE 3.1 TITLE HENDERSON, MARITZA G 3.2 NAME NAME 951 SW 134TH AVE STREET ADDRESS 3.3 STREFT ADDRESS DAVIE FL 33314 CITY+ST-ZIP 34. CITY - ST - 7/P DELETE Addition Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 111LE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C/TY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 eath; 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

hanged, or on an attachment with an address.

officer or airector Block 12 or Block 13