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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094555 (4)

A-1 HOME BUYERS, INC.

FILED Mar 24 1998 8:00am Secretary of State



				# # # # # # # # # # # # # # # #
Principal Plac	ce of Business	Mailing Address		t sentings sto sour court outs outs desir and being brond of the site of the sentings of the s
4005 CROCKERS LAKE BLVD. #1126 4005 CROCKERS LAKE BLVD. #1126				
SARASOTA F	-L 34236	SARASOTA FL 34238		DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
				11/04/1997
トーファラク	Place of Business	2a. Mailing Address	013	4. FEI Number Applied For
21 00 / 5	FIUMCES MOD		veed hb	
Suite, Apt.	₩, Θ(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & Stat	le .	City & State		Fee Required
23 Sar		28 00 0 Sto.	<u> </u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24 342	32 25 USA	29 34232	30 USA	Personal Property Tax due June 30. Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
W	OLFE, LARRY		81 Name	ne
200-A JOHN KNOX ROAD B2				et Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32303-6643				
			83	
			84 City	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607,1508, Florida Statute of Florida. Such change was a	s, the above-name uthorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. 1 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.	, , , , , , , , , , , , , , , , , , ,
SIGNATURE	Other hands and a single state of the state	A STATE OF THE STA	Billing	
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	ture required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D. PRESIDEM Change Addition
NAME	MURPHY, KEVIN C	•	1.2 NAME	MURPHY, KEVIN C.
STREET ADDRESS	4005 CROCKERS LAKE BLVD	. #1128	1.3 STREET ADDRESS	1
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-ST-ZIP	SARAGOTA FL 34232
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	s
CITY-ST-ZIP			2. 4 CITY-\$T-ZIP	
TITLE		☐ DEL ete	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	S
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRESS	;
CITY-ST-ZIP TITLE		DELET E	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		T DETER	5.2 NAME	Criange C Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	'
TITLE		DELETE	6.1 TITLE	Change _ Addition
NAME			6.2 NAME	- Stange E radicel
STREET ADDRESS			6.3 STREET ADDRESS	3
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby c	ertify that the information supplied wit	th this filing does not qualify for	the exemption stat	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annual report or supplemental	l annual report is true and accu	irate and that my si	signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 d	or Block 13 if changed, or on an attac	hment with an address.	oute triis report a noepo	as required by Chapter out, Florida statutes; and that my name appears in