May 05, 1999 8:00 am Secretary of State

05-05-1999 90111 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100111

1. Corporation Name

HOME E	BUYERS OF AMERICA, INC.				
Principal Plac	e of Business	Mailing Address			
825 COURTLAN	ND ST. SUITE 100	825 COURTLAND ST., SUITE	100		
ORLANDO FE 32804 ORLANDO FE 32804 445 W. Colonial Dr.				DO NOT WRITE IN	THIS SPACE
445 W	"; Colonial Dr.			3. Date Incorporated or Qualifed	
orlan	1 1-7			11/21/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 445	W. Colonial Dr	26 445 W. Col	oual Dr.	59-3502913	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	<u>م در د رد د مریب محد در ب</u>	27			Fee Required
City & Stat		City & State	- /	6. Election Campaign Financing	\$5.00 May Be
23 Orla	1-100	28 Orlando	Country	Trust Fund Contribution	Added to Fees
Zip 24 32-80 4	-U801 [25] US [A]	Zip 29 3.2804-4801 3	io USH	 This corporation owes the current ye Personal Property Tax. 	ar Intangible ☐ Yes SONo
24 SA 80 T	9. Name and Address of Current		101 V > 17	10. Name and Address of New Registr	
	5. Name and Address of Current	Registered Agent	81 Name 0		
BLAIR, BOBBY A				lair Bobby H.	
825 COURTLAND ST., SUITE 100			82 Street Add	ress (P.O. Box Number is Not Acceptable)	,
ORL	ANDO FL 32804		83	W. Spissery Dr. v.	
			84 City Cr	lando	FL 85 Zip Code -6801
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpo-	se of changing its registered
office or i	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 6	tegistered Agent signature require	ed when reinstating) DA	īE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETE	1.1 TITLE P	resident,	hange Addition
NAME	BLAIR, BOBBY A		1.2 NAME	ar, Bobby A.	
STREET ADDRESS	AND COURT AND OF CUITE 40	0	1.3 STREET ADDRESS	UE 111 Mala SOL 1111	~0
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP	rlaydo FC 32804-	U801
TITLE		[] DELETE	2.1 TITLE	ice President	☐ Change ☐ Addition
NAME	},		2.2 NAME	William C. Cannon , J	r. "
STREET ADDRESS	<u>.</u>			145 W M (MINI 1) r. WP	' I
CITY-ST-ZIP		, <u> </u>	2.4 CITY-ST-ZIP	orlando FC 32804. USE	71
TITLE		☐ DELETE	3.1 TITLE	· · · · · ·	☐ Change ☐ Addition
NAME	1		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Į		4. 2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addistra
TITLE)	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS)		5.3 STREET ADDRESS		
CITY-ST-ZIP		FT NEI FYE	5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE		DELETE	6.2 NAME		☐ Change ☐ Addition
BIREIT.					
NAME STREET ADDRESS			6.3 STREET ADDRESS		

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 of 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

407-481-0606