

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

FILED

99 JUL 27 PM 12:35

DOCUMENT # P98000006930

i. Corporation Name

HOME OPTIONS, INC.

Principal Place of Business

Mailing Address

707 Mill Creek Rd #500
Jacksonville, FL 32211

P.O. Box 56924
Jacksonville, FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
January 21, 1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. 5157 Saddlehorn Dr S Suite, Apt. #, etc.	26. 5157 Saddlehorn Dr S Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Jacksonville, FL 32257	28. Jacksonville, FL 32257	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. 32257	25. Duval	29. 32257	30. Duval

9. Name and Address of Current Registered Agent

Daniel G. Castilleja
P.O. Box 56924
Jacksonville, FL 32217

10. Name and Address of New Registered Agent

81. Name Maria V. King
82. Street Address (P.O. Box Number is Not Acceptable)
5157 Saddlehorn Drive South
83.
84. City Jacksonville FL 85. Zip Code 32257

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 Maria V. King, President

(NOTE: Registered Agent signature required when reinstating)

7-19-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input checked="" type="checkbox"/> DELETE	11. TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Castilleja, Daniel G.	12. NAME	William H. King
STREET ADDRESS	P.O. Box 56924	13. STREET ADDRESS	5157 Saddlehorn Drive South
CITY-ST-ZIP	Jacksonville, FL 32217	14. CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	VP <input checked="" type="checkbox"/> DELETE	21. TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Castilleja, Joey M.	22. NAME	Neun, Malibu
STREET ADDRESS	P.O. Box 56924	23. STREET ADDRESS	9536 Princeton Square Blvd. #2605
CITY-ST-ZIP	Jacksonville, FL 32217	24. CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	<input type="checkbox"/> DELETE	31. TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Maria V.	32. NAME	Maria V. King
STREET ADDRESS	P.O. Box 56924	33. STREET ADDRESS	5157 Saddlehorn Drive South
CITY-ST-ZIP	Jacksonville, FL 32217	34. CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	<input type="checkbox"/> DELETE	41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	600002953216--4
CITY-ST-ZIP		44. CITY-ST-ZIP	-08/06/99--01085--019
TITLE	<input type="checkbox"/> DELETE	51. TITLE	***593.75 ***558.75
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: Maria V. King 7-19-99 (904) 993-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)