

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90052 037 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000029489

1. Corporation Name  
**HOME TEAM PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 18267 N.E. 4TH COURT  
 N. MIAMI BEACH FL 33162

Mailing Address  
 18267 N.E. 4TH COURT  
 N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified  
**03/30/1998**

2. Principal Place of Business  
 21 **1031 Ives Dairy Rd**

2a. Mailing Address  
 26 **1031 Ives Dairy Rd**

4. FEI Number  
**65-0824746**

Suite, Apt. #, etc.  
 22 **#228**

Suite, Apt. #, etc.  
 27 **#228**

5. Certificate of Status Desired  **X**  
**\$8.75 Additional Fee Required**

City & State  
 23 **Miami, FL**

City & State  
 28 **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution   
**\$5.00 May Be Added to Fees**

Zip  
 24 **33179**

Country  
 25 **USA**

Zip  
 29 **33179**

Country  
 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILBERGLEIT, DAVID**  
 18267 N.E. 4TH COURT  
 N. MIAMI BEACH FL 33162

81 Name **Robin L. Zimmerman**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1031 Ives Dairy Rd #228**  
 83  
 84 City **Miami** FL 85 Zip Code **33179**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D MORGANSTINE, JEFFREY**  
 STREET ADDRESS **2811 FAIRWAY DR.**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D ZIMMERMAN, ROBIN L**  
 STREET ADDRESS **2920 N.E. 164TH STREET**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **1031 Ives Dairy Rd #228**  
 2.4 CITY-ST-ZIP **Miami, FL 33179**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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: J. Morganstine 4/27/99 305-653-5700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

12/1/99