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 # P98000049879

1. Corporation Name

HOMESAMERICA.COM, INC.

Principal Place of Business	
48484 OCCUMENTO DARK DIVID	

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90200 031 ***150.00



Principal Plac	e of Business	Mailing Ad	adress								
10151 DEERWO	OOD PARK BLVD. BLDG. 200 #250		RWOOD PARK BLV	/D. BLDG.	200 #	250					
BACKGOINGEL	1 6 32230	anontoon.	ILLL TE SEESS .				DO NOT WRI	TE IN THIS	SPACE		
							3. Date Incorporated or Qualifed				
							06/02/1998			1	
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		T A	pplied For	
21		26	_							lot Applicable	
:			te, Apt. #, etc.					_		Additional	
22	- 	27 -					5. Certifcate of Status Desired		_ Fee R		
City & Stat	9	City &	State			•	6. Election Campaign Financing	_	\$5.00	May Be	
23		28					Trust Fund Contribution		•	to Fees	
Zip				Countr	у У		8. This corporation owes the curre	ent vear Inta	naible		
24	25 29 30			0		Personal Property Tax.					
	9. Name and Address of Current	1==1		1		-	10. Name and Address of New R	egistered /	gent		
		-		81	l Nam	e					
DEL\	VECCHIO, JAMES P							E-1-X			
1015	31 DEERWOOD PARK BLVD. BLDO	i. 200 #250	0	82	! Stre	et Addres	ss (P.O. Box Number is Not Accepta	Die)			
JACI	KSONVILLE FL 32256										
				84	City				85 Zip	Code	
				L.	<u> </u>			<u>FL</u>			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	Florida, Such	n change was auth	norized by	/ the co	rporation	ration submits this statement for the i's board of directors. I hereby accep	t the appoir	tment as r	egistered	
SIGNATURE			AIOTE: D				and the second s	DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	nt signatu	re required v	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	OPS IN 12	
TITLE	D OFFICERS AND	DIRECTORS	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OF	ICENS AN	Change	T Addition	
NAME	DELVECCHIO, JAMES P			1.2 NAME							
	10151 DEERWOOD PARK BLVD	BLDG 200	4250	1	+00DE					1	
STREET ADDRESS	JACKSONVILLE FL 32256	DLDG. 200	#230		ET ADDRES	>5				•	
CITY-ST-ZIP	JACKSONVILLE FL 32230		☐ DELETE	1.4 CITY-1	ST-ZIP				Change	Addition	
TITLE			[] DELETE	2.1 TITLE						LJ Addition	
NAME				2.2 NAME						ł	
STREET ADDRESS				2.3 STREE	T ADDRES	SS				ł	
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP						
TITLE			DELETE	3.1 TITLE			·		☐ Change	☐ Addition	
NAME				3.2 NAME						ľ	
STREET ADDRESS	·			3.3 STREE	TADORES	ss				ļ	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE			_		☐ Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRES	ss				i	
CITY-ST-ZIP	-			4.4 CITY+5	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE			 	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME				5.2 NAME						i	
STREET ADDRESS				5.3 STREE	TADORES	is					
CITY-ST-ZIP				5.4 CITY-5	T-ZIP	1				ļ	
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME				6.2 NAME						_	
1				6.3 STREE		.s.				į	
STREET ADDRESS				U.J STREE		~					

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: