**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**
**Mar 01, 1999 8:00 am**
**Secretary of State**
03-01-1999 90198 045 ***150.00

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DOCUMENT # P98000059066

1. Corporation Name
HOME TOWN PROPERTY MANAGEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1229 CAMELLIA CIRCLE<br>WESTON FL 33326 | 1229 CAMELLIA CIRCLE<br>WESTON FL 33326 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/01/1998

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1304 SW 160th Avenue | 26 1304 SW 160th Avenue |
| 22 Suite 441 | 27 Suite 441 |
| 23 Sunrise, FL | 28 Sunrise, FL |
| 24 Zip 33326 25 Country USA | 29 Zip 33326 30 Country USA |

4. FEI Number: 65-0845901 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 |
|---|---|
| CORREA, JOSE N<br>6801 N.W. 77 AVE. STE. 310-A<br>MIAMI FL 33166 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MARTINEZ, IGANCIO A | | 1.2 NAME | | |
| STREET ADDRESS | 1229 CAMELLIA CIRCLE | | 1.3 STREET ADDRESS | 2505 Eagle Run Dr. | |
| CITY-ST-ZIP | WESTON FL 33326 | | 1.4 CITY-ST-ZIP | Weston, FL 33331 | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MARTINEZ, MARIA C | | 2.2 NAME | | |
| STREET ADDRESS | 16401 BLATT BLVD. #103 | | 2.3 STREET ADDRESS | 302 Lakeview Dr, #201 | |
| CITY-ST-ZIP | WESTON FL 33326 | | 2.4 CITY-ST-ZIP | Weston, FL 33326 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CORREA, JOSE N | | 3.2 NAME | | |
| STREET ADDRESS | 833 SAVANNAH FALLS DR. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WESTON FL 33327 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| 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 | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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:** _____ REQUIRED 2-2-99 (954) 3494771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #