

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90006 024 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P98000059585</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 1. Corporation Name<br><b>HOUSING MARKETING TEAM INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| Principal Place of Business<br>3100 NORTH 29TH COURT<br>HOLLYWOOD FL 33020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   | Mailing Address<br>3100 NORTH 29TH COURT<br>HOLLYWOOD FL 33020                                                                   |                                                                                                                 |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 2. Principal Place of Business<br>5455 N. Federal Hwy<br>21 Suite, Apt. #, etc. <b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   | 3. Date Incorporated or Qualified<br>07/06/1998                                                                                  |                                                                                                                 |  |
| 2a. Mailing Address<br>5455 N. Federal Hwy<br>26 Suite, Apt. #, etc. <b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   | 4. FEI Number<br>65-0848944                                                                                                      |                                                                                                                 |  |
| 23 City & State<br>Boca Raton, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                  |                                                                                                                 |  |
| 24 33432 25 U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |                                                                                                                 |  |
| 29 33432 30 U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                 |  |
| 9. Name and Address of Current Registered Agent<br>HRAWG CORP.<br>2000 GLADES ROAD<br>SUITE 400<br>BOCA RATON FL 33431                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | 10. Name and Address of New Registered Agent                                                                                     |                                                                                                                 |  |
| 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   | 82 Street Address (P.O. Box Number is Not Acceptable)                                                                            |                                                                                                                 |  |
| 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   | 84 City                                                                                                                          |                                                                                                                 |  |
| 85 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   | FL                                                                                                                               |                                                                                                                 |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 1.1 TITLE <input type="checkbox"/> DELETE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 2.1 TITLE <input type="checkbox"/> DELETE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 3.1 TITLE <input type="checkbox"/> DELETE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 4.1 TITLE <input type="checkbox"/> DELETE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 5.1 TITLE <input type="checkbox"/> DELETE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 6.1 TITLE <input type="checkbox"/> DELETE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 118.07(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. |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| SIGNATURE: <u>Eugene A. Berns</u> 7/6/99 561-789-0164                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   |                                                                                                                                  |                                                                                                                 |  |

CR2E034 (5/99)

P98000059585  
602331-900084

7/6/99

Attention Annual Report

Pursuant to our phone call on 7/1/99 enclosing 1999 annual report filing fee of \$150.00 I have requested the late payment penalty be waived as I never received my first notice. An address change has been indicated on your return form. Your mailing address was correct but not the corporate address on the form so maybe that is why the first notice was not received.

Please change your records as indicated.

Thank you,

Suzanne Banno - President

Housing Marketing Team Incorporated.