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

PROFIT
CORPORATION
ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90005 043 ***150.00

DOCHMENT #		Δ
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	P980000721	VU

1. Corporation HOME S	OLVERS, INC.	0,2,00						
Principal Place	e of Business	Mailing Address				ABLIT BBITL ABELI		(Bred Still (SA)
3926 SOUTHEAST 120TH STREET BELLEVIEW FL 34420		3926 SOUTHEAST 120TH ST BELLEVIEW FL 34420	REET					
						RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife 08/18/1998	ed		
2. Principal P	tace of Business	2a. Mailing Address	112	.a	4. FEI Number 59-3536585	<u> </u>		lied For Applicable
Suite, Ant.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & State	FL	·	Election Campaign Financin Trust Fund Contribution	9 🗆	\$5.00 M Added to	
Zip 24	Country 25	Zip 29 3 44 7 8 3	Countr	 S	This corporation owes the corporal Property Tax.	urrent year In		[]No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Nev	v Registered	Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		8:	2 Street Acd	dress (P.O. Box Number is Not Acceptable)				
11. Pursuant	to the provisions of S∈ctions 607.0502 egistered agent, or bo'h, in the State of	2 and 607.1508, Florida Statutes	, the abor	ve-named corr	poration submits this statement for t	F L	85 Zip C f changing its red	r agistered
agent. a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	S.	ion a bound of chicolors. Thereby as-	30p. 11.0 uppe		
SIGNATURE	Signature, typed or printed naine of registered agent	and title if applicable. (NOTE: R	egistered Ag	ent signature requir	ed when reinstating)	DATE)
12.	OFFICERS AN	·	13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	F S IN 12
TITLE	PSD	☐ OELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	BARTSCH, CHARLENE		1.2 NAME]
STREET ADDRE 3S	3926 SOUTHEAST 120TH STRE	ET	1.3 STRE	ET ADDRESS				İ
CITY-ST-ZIP	BELLEVIEW FL 34420			ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	BARTSCH, GARY		2.2 NAME					
STREET ADDRE 3S	3926 SOUTHEAST 120TH STRE	ET	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BELLEVIEW FL 34420		2.4 CITY-ST-ZIP					
TITLE	TD	☐ DELETE :					Change	Addition
NAME	BARTSCH, ANTHONY		3.2 NAME	[
STREET ADDRESS	3926 SOUTHEAST 120TH STRI	ET	3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BELLEVIEW FL 34420		3.4. CITY	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	■				
STREET ADDRESS			4.3 STRE	ET ADDRESS				}
CITY-ST-ZIP		_	4.4 CITY-	ST-ZIP				

14. Thereby 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 accurate 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 attach nent with an address, with a lightly that the information stated in Section 119.07 3)(ii). 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 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 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 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 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 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation of the

51 TITLE 52 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURE: Charles Batts Le Fres dent

4 25 99 (352) 307 - 2737

Change

Change

Addition

Addition

CR2E034 (11/98)