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 90194 044 ***158.75

DOCUMENT #	P98000091901
4. Comparation Momo	. 000000.00

Corporation Name

NEW HO	ME MARKETING GROUP	OF AMERICA, INC.		S COLLIGAN MA MARE ENDE NOME BANK BONG BONG AND A STATE OF A STATE	
Principal Place	e of Business	Mailing Address		T 12013401 310 10101 10131 00311 00111 00114 1014 10	
2300 GLADES I		2300 GLADES ROAD			
SUITE 330 WES		SUITE 330 WEST			
BOCA RATON		BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE	
			•	3. Date Incorporated or Qualifed	
				10/29/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 0872070 Applied For Not Applicable	
21		26			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
22		27			
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	0	28	Country		
Zip	Country	Zip		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	9. Name and Address of Curre		30	10. Name and Address of New Registered Agent	
	9. Name and Address of Cure	int Registered Agent	81 Name		
AME	RIDAWYER		Rol	BENT A. SCHULTZ	
	ALMERIA AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable) 300 GLADES KOAD SUITE 330W	
	AL GABLES EL 33134		83	30 V GCAINES TEURIS 150 - 120	
			84 City	OCA RATON, Ft FL 85 Zip Code 3343	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named c	orporation submits this statement for the purpose of changing its registered	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-finding corporation's this state statement of the purpose of					
Y SW VARANTH SWILL - PROCESSIN X					
SIGNATURE	Signature, typed or project passes of registered ag	<u></u>	Registered Agent signature req		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Cliange ☐ Addition	
NAME	SCHULTZ, ROBERT A		1.2 NAME		
STREET ADDRESS	2300 GLADES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	Change Addition	
TITLE	VD	☐ DELETE	2.1 LITLE my -> /	Howard Perry + Walston address 4112 Bue Ridge Road, Suite 200 Raleigh, NC 276/2 Change Addition	
NAME	COLLETTI, JOSEPH B		2.2 NAME NAME	1142 District	
STREET ADDRESS	2300 GLADES ROAD		2.3 STREET ADDRESS	4112 Blue Ridge Road, Jule 200	
CITY-ST-ZIP	BOCA RATON FL 33431		2, 4 CITY-ST-ZIP	Kaleigh, NC 276/2	
TITLE	ST	☐ DÉLETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	SCHULTZ, PEGGY B		3.2 NAME		
STREET ADDRESS	2300 GLADES ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY-ST-ZIP	adelien	
TITLE	D	☐ DELETE	41 TITLE	Howard, Perry + Walston Change Addition	
NAME	WALSTON, DON		4.2 NAME pane	4112 Blue Ridge Road, Suite 200	
STREET ADDRESS	23 00 GLADES ROAD		4.3 STREET ADDRESS	11/2 BIVE Mage Hold 3001/2 200	
CITY-ST-ZIP	BOGA RATON FL 33431		4.4 CITY-ST-ZIP	Raleigh, NC 21612	
TITLE	D Gundaker	pelling Gundaker	5.1 TITLE	Gordon Gundaker Change Addition	
NAME	GUNDEKER GORDON See	rolling Gundaker	5.2 NAME 5.3 STREET ADDRESS	rundaker Better Hongot Gardys	
STREET ADDRESS		also		2458 old Dorsett Road Suite 300	
CITY-ST-ZIP	BOCA RATON FL 33431		34 OH 1-81-21	2138 Old Doy 200 1000	
TITLE	D	☐ DELETE	6.1 TITLE	Maryland Heights, 190 Change Addition address	
NAME	WARDLEY, LYNN		6.2 NAME	Wardley Better Homes + Cari	
	ASAA CLADEC DOAD				

CITY-ST-ZIP

BOCA RATON FL 33431

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 dertify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further dertify 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 of 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 man attachment with an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A- Schult Z

\$1-368-1151

Daytime Phone #

:R2E034 (11/98)