CR2E034 (11/98)

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90068 030 \*\*\*158.75

## 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 # P98000094083

HOME P	LANIT GROUP, INC.								
Principal Place	of Business	Mailing Address			1821885 TER SECENTION	} BB	# 18111 B/811 BB1 B1 I	18100 1111 1001	
855 SOUTH FEDERAL HIGHWAY SUITE 113 BOCA RATON FL 33432 BOCA RATON FL 33432 BOCA RATON FL 33432			IGHWAY		DO NOT WRITE IN THIS SPACE				
<u>.</u>					3. Date Incorporated or Qualifed 11/06/1998				
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Apr	olied For	
21 26		26			65-0873348		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5_Certifca	te.of.Status.De	sired	\$8.75 A		
22		27				<del></del>	Fee Red	<u>`                                     </u>	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	<del></del>	Trust Fund Contribution Added to Fees					
Zìp <b>24</b>	Country 25	Zip <b>29</b>	Country 30	Person	al Property Tax.		☐ Yes	⊟ <b>N</b> o	
	9. Name and Address of Curren	t Registered Agent		10. Name a	and Address o	f New Registered	Agent		
AMERILAWYER 81 Name				Kichma	'D. S.	nith			
	ALMERIA AVENUE	82 Street	Address (P.O. Box	Number is Not	Acceptable)	<i>y</i>			
COR	AL GABLES FL 33134		83	Suile 113	-T		,		
		84 City	BACA ROS	24 KI	FI	85 Zip G	/ode		
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent or both, in the State m familiar with and accept the child	of Florida. Such change was tions of Seedon 207.0505, F	authorized by the corportionida Statutes.  ITE: Registered Agent signature in	equired when reinstating)	rectors. I nerec	DATE	inuneni as reg	JISTELEG	
12.		ID DIRECTORS	13.			TO OFFICERS A		RS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLÉ	SECRETAR			Change	Addition	
NAME	Smith, richard d   855 South Federal Highway		1.2 NAME	CRAIG G.	SMITA ENEKAL	Histury			
STREET ADDRESS	BOCA RATON FL 33432		1.3 STREET ADDRESS	BOLA RAM		22622-			
CITY-ST-ZIP TITLE	BOCA RATON FL 33432	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	BUCH PART	THIPL.	. 37/3-	Change	Addition	
NAME			2.2 NAME				·		
STREET ADDRESS			2.3 STREET ADDRESS				,		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	t.					
TITLE		DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME		_	3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			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		100				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS			•			
C/TY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						

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 trusted empowered of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #