2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102552

1. Entity Name

11.

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE

NAME

TITLE

STREET ADDRESS

13. I hereby certify that t

SIGNATURE:

changed, or on an attachn

he info

indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered

nation supplied with this fill

CITY-ST-ZIP

HOMETOWN FAVORITES INC.

Principal Place of Business

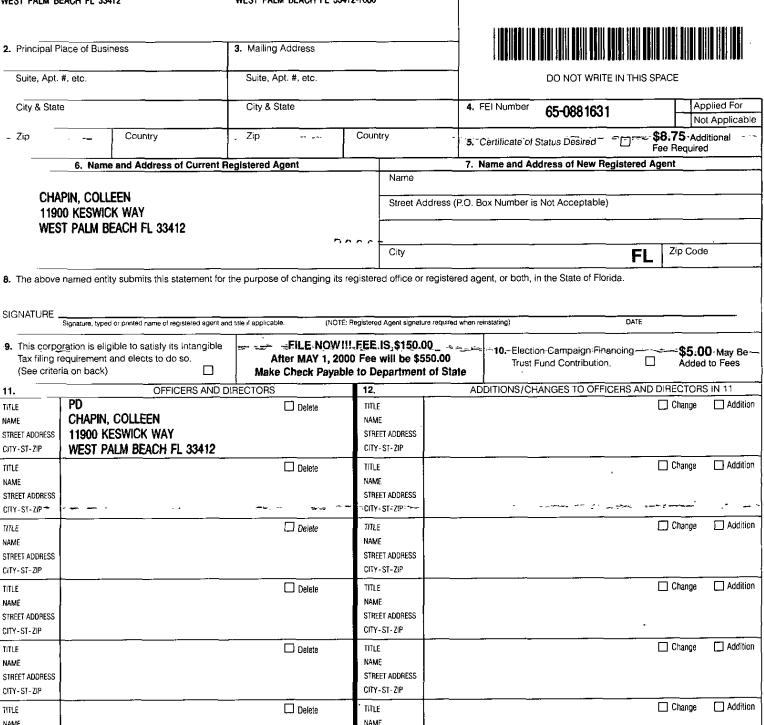
Mailing Address

11900 KESWICK WAY WEST PALM BEACH FL 33412 11900 KESWICK WAY

WEST PALM BEACH FL 33412-1608

May 08, 2000 8:00 am Secretary of State

05-08-2000 90020 001 ***150.00



STREET ADDRESS CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #