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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29990** **(6)**

1. Corporation Name
HOMESTEAD ACQUISITION CORP.

Principal Place of Business	Mailing Address
7021 GRAND NATIONAL DRIVE ORLANDO FL 32819	7021 GRAND NATIONAL DRIVE ORLANDO FL 32819-8378

3. Date Incorporated or Qualified: 02/06/1991
3a. Date of Last Report: 09/30/1996

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 7021 Grand National Dr.
Suite, Apt. #, etc
27: Suite 110
City & State
28: Orlando, Fl.
Zip 29: 32819 Country 30:

4. FEI Number: 59-3076643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMPDEN, EDMUND P
7021 GRAND NATIONAL DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: William J. Spitler
82 Street Address (P.O. Box Number is Not Acceptable): 7021 Grand National DRive
83: Suite 110
84 City: Orlando FL 85 Zip Code: 32819

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: [signature] WILLIAM J. SPITLER 3-14-97
(Signature of New Registered Agent, if changed) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERMAN, GUSTAVO DANIEL RUA CARLOS DE CARVALHO, 1652 CURITIBA, PARANA BR ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Berman, Gustavo Daniel Rua Carlos de Carvalho, 1652 Curitiba, Parana BR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMPDEN, EDMUND P 7021 GRAND NATIONAL DRIVE ORLANDO FL 32819 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Spitler, William J. 7021 Grand National Drive, st.110 Orlando, Fl. 32819 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS AMARAL, SERGIO S.F. 541 SOUTH ORLANDO AVENUE, SUITE 202 MAITLAND FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP Amaral, Sergio SF 7021 Grand national Dr. st.110 Orlando, Fl. 32819 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS AMARAL, SERGIO S F 541 SOUTH ORLANDO AVE., ST. 202 MAITLAND FL ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Malarkey, Barbara M. 7021 Grand National Dr. st.110 Orlando, Fl. 32819 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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: [signature] William J. Spitler 3-14-97 (407)248-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #