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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S66938 (9)
1. Corporation Name
NEW HOME SPECIALIST MARKETING GROUP, INC.

Principal Place of Business
7040 W. PALMETTO PARK RD.
SUITE 2-545
BOCA RATON FL 33433

Mailing Address
7040 W. PALMETTO PARK RD.
SUITE 2-545
BOCA RATON FL 33433-3407



2. Principal Place of Business
21 2300 Glades Road
Suite, Apt. #, etc.
22 Suite 330 West
City & State
23 Boca Raton, FL
Zip
24 33431
Country
25 USA

2a. Mailing Address
26 2300 Glades Road
Suite, Apt. #, etc.
27 Suite 330 West
City & State
28 Boca Raton, FL
Zip
29 33431
Country
30 USA

3. Date Incorporated or Qualified
07/15/1991
3a. Date of Last Report
02/01/1996
4. FEI Number
65-0298349
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

SCHULTZ, ROBERT A.
7040 W. PALMETTO PARK ROAD
SUITE 2-545
BOCA RATON FL 33433
2300 Glades Road
Suite 330 West
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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] X 1/22/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHULTZ, ROBERT A.	
STREET ADDRESS	7040 W. PALMETTO PARK RD	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURKETT, MARGARET A	
STREET ADDRESS	10430 PLAZA CENTRO	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10430 PLAZA CENTRO
1.4 CITY - ST - ZIP	BOCA RATON, FL 33498
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002083380
5.3 STREET ADDRESS	-02/11/97--01042--055
5.4 CITY - ST - ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/3/97
Date Daytime Phone #

CR2E034 (9/96)