

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90120 032 ***158.75

DOCUMENT # S66938

1. Corporation Name

NEW HOME SPECIALIST MARKETING GROUP, INC.

Principal Place of Business

2300 GLADES ROAD
SUITE 330 West
BOCA RATON FL 33431

Mailing Address

2300 GLADES ROAD
SUITE 330 West
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1991

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 owes the current year Intangible
Personal Property Tax.



Yes ☐ No ☐

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHULTZ, ROBERT A.
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 Suite 330 West

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

ROBERT A. SCHULTZ pres. X 2/7/99

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
NAME SCHULTZ, ROBERT A.
STREET ADDRESS 10430 PLAZA CENTRO
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE DV
NAME BURKETT, MARGARET A
STREET ADDRESS 10430 PLAZA CENTRO
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE V
NAME Steven R. Hoffacker
STREET ADDRESS 2919-E North Military Trail
CITY-ST-ZIP West Palm Beach, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33409

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 7814 Villa d'Este Way
1.3 STREET ADDRESS Delray Beach, FL
1.4 CITY-ST-ZIP 33446

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME 7814 Villa d'Este Way
2.3 STREET ADDRESS Delray Beach, FL
2.4 CITY-ST-ZIP 33446

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. SCHULTZ X

Date

Daytime Phone #

561-368-1151

CR2E034 (1/198)