

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

**APPROVED
AND
FILED**

94 AUG 15 PM 12:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1994**



**FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # S84448 (7)

**1. Corporation Name
ENGLEWOOD HOME SPECIALTIES, INC.**

**Mailing Address
400 SOUTH INDIANA AVENUE
ENGLEWOOD FL 34223**

**Principal Place of Business
400 SOUTH INDIANA AVENUE
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		26. Principal Place of Business		4. FFI Number		3a. Date of Last Report	
21		25		65-0288087		10/02/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
22		27		8.75 Additional Fed Required <input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCNAMARA, SUSAN M. 400 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223				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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Susan M. McNamee Susan M. McNamee 8/08/94

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature requires actual residence.) (DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	WILLIAMS, WILLIAM W.	1.2 NAME	
1.3 STREET ADDRESS	P.O. BOX 220 -NA	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	LUPTON MI	1.4 CITY - ST - ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	MCNAMARA, SUSAN M.	2.2 NAME	
2.3 STREET ADDRESS	400 S. INDIANA AVE.	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ENGLEWOOD FL	2.4 CITY - ST - ZIP	
3.1 TITLE	P/S/D	3.1 TITLE	
3.2 NAME	BRICK, GLENDA R.	3.2 NAME	
3.3 STREET ADDRESS	3840 MCKELLAR RD.	3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	ROSE CITY MI	3.4 CITY - ST - ZIP	
4.1 TITLE	V	4.1 TITLE	
4.2 NAME	MCNAMARA, LAWRENCE E.	4.2 NAME	
4.3 STREET ADDRESS	400 S. INDIANA AVE.	4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	ENGLEWOOD FL	4.4 CITY - ST - ZIP	
5.1 TITLE	T	5.1 TITLE	
5.2 NAME	BRICK, MICHAEL A.	5.2 NAME	
5.3 STREET ADDRESS	3840 MCKELLAR RD.	5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	ROSE CITY MI	5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), 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 227 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence E. McNamee **LAWRENCE MCNAMARA** 8/8/94 817 474 1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR