

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S84448** (7)

1. Corporation Name

**ENGLEWOOD HOME SPECIALTIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<b>400 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223</b>	<b>400 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223</b>

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
<b>21 9377 WESTMINSTER AVE.</b>	<b>26 9377 WESTMINSTER</b>	<b>10/02/1991</b>	<b>05/17/1994</b>
Subs. Apt. #, etc.	Subs. Apt. #, etc.	4. FEI Number	Applied For
		<b>65-0288087</b>	<input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>23 ENGLEWOOD FL</b>	<b>28 ENGLEWOOD FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24 34224</b>	<b>25 CHARLOTTE</b>	<b>29 34224</b>	<b>30 CHARLOTTE</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MCMAMARA, SUSAN M 400 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>9377 WESTMINSTER AVE.</b>
		83 City	<b>ENGLEWOOD FL 34224</b>
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIAM W</b>	12 NAME	
STREET ADDRESS	<b>POST OFFICE BOX 220 N/A</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>LUPTON MI</b>	14 CITY, ST, ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMAMARA, SUSAN M</b>	22 NAME	<b>MCMAMARA, SUSAN M</b>
STREET ADDRESS	<b>400 S. INDIANA AVE.</b>	23 STREET ADDRESS	<b>9377 WESTMINSTER AVE.</b>
CITY, ST, ZIP	<b>ENGLEWOOD FL</b>	24 CITY, ST, ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>PSD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICK, GLENDA R</b>	32 NAME	
STREET ADDRESS	<b>3840 MCKELLAR RD.</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>ROSE CITY MI</b>	34 CITY, ST, ZIP	
TITLE	<b>V</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMAMARA, LAWRENCE E</b>	42 NAME	<b>MCMAMARA, LAWRENCE E</b>
STREET ADDRESS	<b>400 S. INDIANA AVE.</b>	43 STREET ADDRESS	<b>9377 WESTMINSTER AVE</b>
CITY, ST, ZIP	<b>ENGLEWOOD FL</b>	44 CITY, ST, ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>T</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICK, MICHAEL A</b>	52 NAME	
STREET ADDRESS	<b>3840 MCKELLAR RD.</b>	53 STREET ADDRESS	
CITY, ST, ZIP	<b>ROSE CITY MI</b>	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 119.07(3)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Glenda R. Brick* 3/17/95 517685-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR