

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S84448

(7)

1. Corporation Name

ENGLEWOOD HOME SPECIALTIES, INC.

Principal Place of Business

9377 WESTMINSTER AVE.
ENGLEWOOD FL 34224
US

Mailing Address

9377 WESTMINSTER AVE
ENGLEWOOD FL 34224
US

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1991 3a. Date of Last Report 05/14/1996

4. FEI Number 65-0288087 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MCNAMARA, SUSAN M
9377 WESTMINSTER AVE
ENGLEWOOD FL 34224

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, WILLIAM W
STREET ADDRESS POST OFFICE BOX 220 N/A
CITY-ST-ZIP LUPTON MI

TITLE D
NAME MCNAMARA, SUSAN M.
STREET ADDRESS 9377 WESTMINSTER AVE.
CITY-ST-ZIP ENGLEWOOD FL

TITLE PSD
NAME BRICK, GLENDA R
STREET ADDRESS 3840 MCKELLAR RD.
CITY-ST-ZIP ROSE CITY MI

TITLE V
NAME MCNAMARA, LAWRENCE E
STREET ADDRESS 9377 WESTMINSTER AVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE T
NAME BRICK, MICHAEL A
STREET ADDRESS 3840 MCKELLAR RD.
CITY-ST-ZIP ROSE CITY MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
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: *William W. Williams* *Glenda R. Brick* *Lawrence E. McNamara* *Michael A. Brick* 9/17/97 5:17:49 PM S1112

CR2E034 (4/97)