

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
 Sep 01 1998 8:00am  
 Secretary of State

|   |   |         |  |   |                                   |
|---|---|---------|--|---|-----------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>  |   |         |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                                   |
| <b>DOCUMENT # P95000075878</b><br>1. Corporation Name<br><b>HOMES &amp; US, INC.</b><br>1024 S.E. Port St. Lucie Blvd, Port St. Lucie, Fl. 34952  |   |         |  |   |                                   |
| Principal Place of Business   |   |         | Mailing Address  |   |                                   |
| 1024 S.E. Port St. Lucie Blvd.  |   |         | Same   |   |                                   |
| Port St. Lucie, Fl. 34952   |   |         |  |   |                                   |
| DO NOT WRITE IN THIS SPACE  |   |         |  |   |                                   |
| 2. Principal Place of Business  |   |         | 2a. Mailing Address  |   | 3. Date Incorporated or Qualified |
| 21 1024 S.E. Port St. Lucie   |   |         | 26 same  |   | October 5, 1995                   |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.  |   | 4. FEI Number                     |
| 22  |   |         | 27   |   | 65-0611026                        |
| City & State  |   |         | City & State   |   | Applied For                       |
| 23 Port St. Lucie, FL   |   |         | 28   |   | Not Applicable                    |
| Zip   |   | Country | Zip  |   | Country                           |
| 24 34952  |   | 25 US   | 29   |   | 30                                |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |  | \$8.75 Additional Fee Required  |                                   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |   |         |  | \$5.00 May Be Added to Fees   |                                   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |         |  |   |                                   |
| 8. Name and Address of Current Registered Agent   |   |         | 10. Name and Address of New Registered Agent                 |   |                                   |
| The Law Firm of Lawrence J. Spiegel, Char   |   |         | 81 Name  |   |                                   |
| 343 Almeria Avenue  |   |         | The Law Office of Simmons & Clyne                            |   |                                   |
| Coral Gables, FL 33134  |   |         | 82 Street Address (P.O. Box Number is Not Acceptable)        |   |                                   |
|   |   |         | 145 N.W. Central Park Plaza, Suite 200                       |   |                                   |
|   |   |         | 83   |   |                                   |
|   |   |         | 84 City  |   |                                   |
|   |   |         | Port St. Lucie FL  |   |                                   |
|   |   |         | 85 Zip Code  |   |                                   |
|   |   |         | 34986  |   |                                   |
| 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: <i>Padrick A. Pinkney</i>  |   |         | Padrick A. Pinkney, Partner of Law Office of S&C 8/25/98     |   |                                   |
| Signature typed or printed name of registered agent and title, if applicable.   |   |         | (NOTE: Registered Agent signature required when reinstating) |   |                                   |
| DATE  |   |         | DATE   |   |                                   |
| 12. OFFICERS AND DIRECTORS  |   |         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |   |                                   |
| TITLE   | President <input checked="" type="checkbox"/> DELETE      |         | 1.1 TITLE  | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                   |
| NAME  | Paul F. Sheehan   |         | 1.2 NAME   | Elizabeth D. Keele  |                                   |
| STREET ADDRESS  | 1225 N.W. 21st Street, #2108                              |         | 1.3 STREET ADDRESS   | 1024 S.E. Port St. Lucie Boulevard  |                                   |
| CITY- ST- ZIP   | Stuart, Florida 34994                                     |         | 1.4 CITY- ST- ZIP  | Port St. Lucie, Florida 34952   |                                   |
| TITLE   | Vice President <input checked="" type="checkbox"/> DELETE |         | 2.1 TITLE  | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |                                   |
| NAME  | Paul F. Sheehan   |         | 2.2 NAME   | Cherie Carr   |                                   |
| STREET ADDRESS  | 1225 N.W. 21st Street, #2108                              |         | 2.3 STREET ADDRESS   | 2366 S.E. Glover Street   |                                   |
| CITY- ST- ZIP   | Stuart, Florida 34994                                     |         | 2.4 CITY- ST- ZIP  | Port St. Lucie, Florida 34984   |                                   |
| TITLE   | Treasurer <input checked="" type="checkbox"/> DELETE      |         | 3.1 TITLE  | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                   |
| NAME  | Paul F. Sheehan   |         | 3.2 NAME   | Elizabeth D. Keele  |                                   |
| STREET ADDRESS  | 1225 N.W. 21st Street, #2108                              |         | 3.3 STREET ADDRESS   | 1024 S.E. Port St. Lucie Boulevard  |                                   |
| CITY- ST- ZIP   | Stuart, Florida 34994                                     |         | 3.4 CITY- ST- ZIP  | Port St. Lucie, Florida 34952   |                                   |
| TITLE   | Secretary <input checked="" type="checkbox"/> DELETE      |         | 4.1 TITLE  | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                   |
| NAME  | Paul F. Sheehan   |         | 4.2 NAME   | Cherie Carr   |                                   |
| STREET ADDRESS  | 1225 N.W. 21st Street, #2108                              |         | 4.3 STREET ADDRESS   | 2366 S.E. Glover Street   |                                   |
| CITY- ST- ZIP   | Stuart, Florida 34994                                     |         | 4.4 CITY- ST- ZIP  | Port St. Lucie, Florida 34984   |                                   |
| TITLE   | <input type="checkbox"/> DELETE                           |         | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                   |
| NAME  |   |         | 5.2 NAME   | 000002632280  |                                   |
| STREET ADDRESS  |   |         | 5.3 STREET ADDRESS   | -09/04/98--01064--036   |                                   |
| CITY- ST- ZIP   |   |         | 5.4 CITY- ST- ZIP  | ***61.50  |                                   |
| TITLE   | <input type="checkbox"/> DELETE                           |         | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                   |
| NAME  |   |         | 6.2 NAME   |   |                                   |
| STREET ADDRESS  |   |         | 6.3 STREET ADDRESS   |   |                                   |
| CITY- ST- ZIP   |   |         | 6.4 CITY- ST- ZIP  |   |                                   |

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

**SIGNATURE:** *Cherie Carr* Vice President/Secretary 08/25/98 (561)340-7781

CR2E034 (5/98)