

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90025 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000057206**

1. Corporation Name
THE HOMES REVIEW OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 12773 FOREST HILL BLVD., #101
 WELLINGTON FL 33414

Mailing Address
 12773 FOREST HILL BLVD., #101
 WELLINGTON FL 33414

3. Date Incorporated or Qualified
08/01/1994

4. FEI Number
65-0507158

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 1191A SUMMIT PLACE CIRCLE

2a. Mailing Address
26 PMB# 1606

Suite, Apt. #, etc.
27 958 S. MILITARY TRAIL

City & State
23 WEST PALM BEACH, FL

City & State
28 WEST PALM BEACH, FL

Zip Country
24 33415 25 USA

Zip Country
29 33405 30 USA

9. Name and Address of Current Registered Agent

PAULL, RICHARD J
 12783-A FOREST HILL BLVD
 WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name **MARC J. FISHMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1191A SUMMIT PLACE CIRCLE**

84 City **WEST PALM BEACH FL** 85 Zip Code **33415**

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]* **MARC J. FISHMAN, PRESIDENT** **4/26/99**
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	D <input type="checkbox"/> DELETE
NAME	FISHMAN, MARC J
STREET ADDRESS	1191-A SUMMIT PLACE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	D <input type="checkbox"/> DELETE
NAME	STEINHORN, JOYCE
STREET ADDRESS	1021 CHERRY LANE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE STEINHORN
2.3 STREET ADDRESS	3909 SUMMER CHASE COURT
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **4/26/99 501-616-0553**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)