



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 64912		2. Name of Corporation HomeSure Services, inc.			
3. Street Address Principal Business Office 1625 NW 136th AVENUE, #200			City FT. LAUDERDALE	State FL	Zip 33323
4. Business Phone No. (954) 845-2313		5. State of Incorporation FLORIDA			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island HOME WARRANTY SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SANDRA C. FINN			Vice President Name L. ASHLEY COKE		
Street Address 1625 NW 136th AVENUE, #200			Street Address 1625 NW 136th AVENUE, #200		
City FT. LAUDERDALE	State FL	Zip 33323	City FT. LAUDERDALE	State FL	Zip 33323
Secretary Name ROBERT W. JUDGES			Treasurer Name ROBERT W. JUDGES		
Street Address 1625 NW 136th AVENUE, #200			Street Address 1625 NW 136th AVENUE, #200		
City FT. LAUDERDALE	State FL	Zip 33323	City FT. LAUDERDALE	State FL	Zip 33323
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name HOWARD L. WOLK			Director Name JEFFREY C. WOLK		
Street Address 1625 NW 136th AVENUE, #200			Street Address 1625 NW 136th AVENUE, #200		
City FT. LAUDERDALE	State FL	Zip 33323	City FT. LAUDERDALE	State FL	Zip 33323
Director Name SIDNEY D. WOLK			Director Name NATHAN T. WOLK		
Street Address 1625 NW 136th AVENUE, #200			Street Address 1625 NW 136th AVENUE, #200		
City FT. LAUDERDALE	State FL	Zip 33323	City FT. LAUDERDALE	State FL	Zip 33323
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM \$1.00 PAR VALUE			100	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



64912

File Date 1-19-05
Check No. 115411
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/10/05
Print or Type Name of Officer ROBERT W. JUDGES
Title of Officer SECRETARY / TREASURER



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 64912		2. Name of Corporation HomeSure Services, Inc.			
3. Street Address Principal Business Office 11625 NW 136th Avenue, Suite 200			City Ft. Lauderdale	State FL	Zip 33323
4. Business Phone No. (954) 845-2313		5. State of Incorporation FLORIDA		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island HOME WARRANTY SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sandra C. Finn			Vice President Name L. Ashley Coke		
Street Address 11625 NW 136th Avenue, #200			Street Address 11625 NW 136th Avenue, #200		
City Ft. Lauderdale	State FL	Zip 33323	City Ft. Lauderdale	State FL	Zip 33323
Secretary Name Robert W. Judges			Treasurer Name Robert W. Judges		
Street Address 11625 NW 136th Avenue, #200			Street Address 11625 NW 136th Avenue, #200		
City Ft. Lauderdale	State FL	Zip 33323	City Ft. Lauderdale	State FL	Zip 33323
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sidney D. Wolk			Director Name Nathan T. Wolk		
Street Address 11625 NW 136th Avenue, #200			Street Address 11625 NW 136th Avenue, #200		
City Ft. Lauderdale	State FL	Zip 33323	City Ft. Lauderdale	State FL	Zip 33323
Director Name Howard L. Wolk			Director Name Jeffrey C. Wolk		
Street Address 11625 NW 136th Avenue, #200			Street Address 11625 NW 136th Avenue, #200		
City Ft. Lauderdale	State FL	Zip 33323	City Ft. Lauderdale	State FL	Zip 33323
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	COMM	\$1.00	100	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 1 2 *

File Date 3/9/04
Check No. 112393
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/16/04
Signature of Officer Date
Robert W. Judges
Print or Type Name of Officer
Secretary / Treasurer
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **64912**
2. Name of Corporation **HomeSure Services, Inc.**
3. Street Address Principal Business Office
1625 NW 136th Avenue, Suite 200
4. Business Phone No. **954-845-9100**
5. State of Incorporation **FLORIDA**
7. Brief Description of the Character of Business Conducted in Rhode Island
Home warranty sales

City **Ft. Lauderdale** State **FL** Zip **33323**
6. SIC Code **7880**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Sandra C. Finn**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**
Secretary Name **Robert W. Judges**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**

Vice President Name **L. Ashley Coke**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**
Treasurer Name **Robert W. Judges**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Howard L. Wolk**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**
Director Name **Sidney D. Wolk**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**

Director Name **Jeffrey C. Wolk**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**
Director Name **Nathan T. Wolk**
Street Address
1625 NW 136th Ave, Suite 200
City **Ft. Lauderdale** State **FL** Zip **33323**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
10,000	COMM	\$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100		1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 1 2 *

File Date: 2/3/03
Check No.: 109379
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 1/29/03
Print or Type Name of Officer: Robert W. Judges

Sec'y/Trea. _____
Title of Officer
5 Form G30 1202



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED) IN BLACK

1. Corporate ID No. **64912** 2. Name of Corporation **HOMEOWNERS MARKETING SERVICES, INC.**
3. Street Address Principal Business Office **1625 NW 136th Ave Ste 200** City **Ft. Lauderdale** State **FL** Zip **33323**
4. Business Phone No. **(954) 835-1900** 5. State of Incorporation **FLORIDA** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
home warranty sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Sandra C. Finn	Vice President Name
Street Address 1625 NW 136th Ave Ste 200	Street Address
City State Zip Ft. Lauderdale FL 33323	City State Zip
Secretary Name Robert W. Judges	Treasurer Name Robert W. Judges
Street Address 1625 NW 136th Ave Ste 200	Street Address 1625 NW 136th Ave Ste 200
City State Zip Ft. Lauderdale FL 33323	City State Zip Ft. Lauderdale FL 33323

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Howard L. Wolk	Director Name Sidney D. Wolk
Street Address 1625 NW 136th Ave Ste 200	Street Address 1625 NW 136th Ave Ste 200
City State Zip Ft. Lauderdale FL 33323	City State Zip Ft. Lauderdale FL 33323
Director Name Nathan T. Wolk	Director Name Jeffrey C. Wolk
Street Address 1625 NW 136th Ave Ste 200	Street Address 1625 NW 136th Ave Ste 200
City State Zip Ft. Lauderdale FL 33323	City State Zip Ft. Lauderdale FL 33323

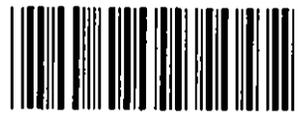
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	COMM	\$1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	-	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 1 2 *

2-11-02

File Date: _____

Check No.: **1064582**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/4/02
Signature of Officer Date

Robert W. Judges
Print or Type Name of Officer

Secretary / Treasurer
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64912** 2. Name of Corporation
HOMEOWNERS MARKETING SERVICES, INC.

3. Street Address Principal Business Office City State Zip
1625 NW 136th Ave, Ste 200 **Ft. Lauderdale** **FL** **33323**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
(954) 835-1900 **FLORIDA** **7886**

7. Brief Description of the Character of Business Conducted in Rhode Island
home warranty sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>President Name Kenneth E. Harthausen Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p> <p>Secretary Name Robert W. Judges Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p>	<p>Vice President Name Sandra C Finn Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p> <p>Treasurer Name Robert W. Judges Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name Howard L Wolk Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p> <p>Director Name Sidney D. Wolk Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p>	<p>Director Name Nathan T. Wolk Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p> <p>Director Name Jeffrey C Wolk Street Address 1625 NW 136th Ave, Ste. 200 City State Zip Ft. Lauderdale FL 33323</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
19,000	Common	\$ 1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	\$ 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 1 2 *

File Date: 3-12-01

Check No.: 104073

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/25/01
Signature of Officer Date

Robert W. Judges
Print or Type Name of Officer

Secy. / Treas.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64912** 2. Name of Corporation **HOMEOWNERS MARKETING SERVICES, INC.**
3. Street Address Principal Business Office **1625 N.W. 136th Ave, Ste 200** City **Ft. Lauderdale** State **FL** Zip **33323**
4. Business Phone No. **954-835-1900** 5. State of Incorporation **FLORIDA** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kenneth E. Harthausen Street Address 1625 N.W. 136th Ave, Ste. 200 City Ft. Lauderdale State FL Zip 33323	Vice President Name L. Ashley Colke Street Address 1625 N.W. 136th Ave., Ste 200 City Ft. Lauderdale State FL Zip 33323
Secretary Name Cynthia J. Starrett Street Address 1625 N.W. 136th Ave., Ste. 200 City Ft. Lauderdale State FL Zip 33323	Treasurer Name Cynthia J. Starrett Street Address 1625 N.W. 136th Ave., Ste. 200 City Ft. Lauderdale State FL Zip 33323

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Howard L. Wolk Street Address 1625 N.W. 136th Ave., Ste. 200 City Ft. Lauderdale State FL Zip 33323	Director Name Sidney D. Wolk Street Address 1625 N.W. 136th Ave., Ste. 200 City Ft. Lauderdale State FL Zip 33323
Director Name Jeffrey C. Wolk Street Address 1625 N.W. 136th Ave., Ste. 200 City Ft. Lauderdale State FL Zip 33323	Director Name Nathan T. Wolk Street Address 1625 N.W. 136th Ave., Ste. 200 City Ft. Lauderdale State FL Zip 33323

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
10,000	Common	\$ 1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	\$ 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 1 2 *

File Date: 11/31/00
Check No.: 1006064
By: CS

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Cynthia J. Starrett 11/21/00
Signature of Officer Date

Cynthia J. Starrett
Print or Type Name of Officer
Secretary/Treasurer
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64912		2. Name of Corporation HOMEOWNERS MARKETING SERVICES, INC.	
3. Street Address Principal Business Office 400 Sawgrass Corporate Pkwy		City Sunrise	State FL
4. Business Phone No. (954) 845-9100		5. State of Incorporation FLORIDA	Zip 33325
6. SIC Code 7880			
7. Brief Description of the Character of Business Conducted in Rhode Island To provide products and service sto the residential real estate broker.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kenneth Harthausen		Vice President Name Evan Rothman	
Street Address 400 Sawgrass Corporate Pkwy		Street Address 400 Sawgrass Corporate Pkwy	
City Sunrise	State FL	City Sunrise	State FL
Zip 33325		Zip 33325	
Secretary Name Cynthia J. Starrett		Treasurer Name Cynthia J. Starrett	
Street Address 400 sawgrass Corporate Pkwy		Street Address 400 Sawgrass Corporate Pkwy	
City Sunrise	State FL	City Sunrise	State FL
Zip 33325		Zip 33325	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Sidney D Wolk		Director Name Howard L. Wolk	
Street Address 400 Sawgrass Corporate Pkwy		Street Address 400 Sawgrass Corporate Pkwy	
City Sunrise	State FL	City Sunrise	State FL
Zip 33325		Zip 33325	
Director Name Nathan T. Wolk		Director Name Jeffrey C. Wolk	
Street Address 400 Sawgrass Corporate Pkwy		Street Address 400 Sawgrass Corporate Pkwy	
City Sunrise	State FL	City Sunrise	State FL
Zip 33325		Zip 33325	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES			ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares
10,000	Common	10,000	100
			Common
			100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 4, 99

Check No.: 227715

By: JD / [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Cynthia J. Starrett 1/25/99
Signature of Officer Date

Cynthia J. starrett
Print or Type Name of Officer

Secretary and Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64912 2. Name of Corporation Homeowners Marketing Services, Inc.
3. Street Address Principal Business Office 400 Sawgrass Corporate Pkwy City Sunrise State FL Zip 33325
4. Business Phone No. (954) 845-9100 5. State of Incorporation Florida 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide products and services to the real estate industry.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Kenneth Harthausen</u>	Vice President Name <u>Howard Wolk</u>
Street Address <u>400 Sawgrass Corporate Pkwy</u>	Street Address <u>400 Sawgrass Corporate Pkwy</u>
City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>	City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>
Secretary Name <u>Nathan Wolk</u>	Treasurer Name <u>Cynthia J. Starrett</u>
Street Address <u>400 Sawgrass Corporate Pkwy</u>	Street Address <u>400 Sawgrass Corporate Pkwy</u>
City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>	City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Sidney Wolk</u>	Director Name <u>Jeffrey Wolk</u>
Street Address <u>400 Sawgrass Corporate Pkwy</u>	Street Address <u>400 Sawgrass Corporate Pkwy</u>
City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>	City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>
Director Name <u>Nathan Wolk</u>	Director Name <u>Howard Wolk</u>
Street Address <u>400 Sawgrass Corporate Pkwy</u>	Street Address <u>400 Sawgrass Corporate Pkwy</u>
City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>	City <u>Sunrise</u> State <u>FL</u> Zip <u>33325</u>

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>10,000</u>	<u>Common</u>	<u>10,000</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>100</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10.19.98
Check No.: 201293
By: UP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Cynthia J. Starrett
Signature of Officer Cynthia Starrett Date 10/7/98
Print or Type Name of Officer
Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64912** 2. Name of Corporation **HOMEOWNERS MARKETING SERVICES, INC.**
3. Street Address Principal Business Office **400 SAWGRASS CORPORATE PKWY** City **SUNRISE** State **FLORIDA** Zip **33325**
4. Business Phone No. **(954) 845-9100** 5. State of Incorporation **FLORIDA** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE PRODUCTS AND SERVICES TO THE REAL ESTATE INDUSTRY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name CARL BUCELLATO Street Address 400 SAWGRASS CORPORATE PKWY City SUNRISE State FLORIDA Zip 33325	Vice President Name C GREGORY MORRIS Street Address 400 SAWGRASS CORPORATE PKWY City SUNRISE State FLORIDA Zip 33325
Secretary Name KAREN CHILDRESS Street Address 400 SAWGRASS CORPORATE PKWY City SUNRISE State FLORIDA Zip 33325	Treasurer Name C. GREGORY MORRIS Street Address 400 SAWGRASS CORPORATE PKWY City SUNRISE State FLORIDA Zip 3-325

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name CARL BUCELLATO Street Address 400 SAWGRASS CORPORATE PKWY City SUNRISE State FLORIDA Zip 33325	Director Name C GREGORY MORRIS Street Address 400 SAWGRASS CORPORATE PKWY City SUNRISE State FLORIDA Zip 33325
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	COMMON	10,000	100	COMMON	100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3.4.97
Check No.: 120411
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
[Signature] 2/21/97
Signature of Officer Date
KAREN CHILDRESS
Print or Type Name of Officer
SECRETARY
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 64912
2. NAME OF CORPORATION HOMEOWNERS MARKETING SERVICES, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 400 SAWGRASS CORPORATE PARKWAY
CITY SUNRISE STATE FL ZIP CODE 33325-6235
4. BUSINESS PHONE NO. 954-845-9100
5. STATE OF INCORPORATION FLORIDA
6. SIC CODE 7880
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
BUSINESS SERVICES TO RESIDENTIAL REAL ESTATE BROKERS

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME CARL BUCCELLATO VICE PRESIDENT NAME MICHAEL F. JONES
STREET ADDRESS 400 SAWGRASS CORPORATE PARKWAY STREET ADDRESS 400 SAWGRASS CORPORATE PARKWAY
CITY SUNRISE STATE FL ZIP CODE 33325 CITY SUNRISE STATE FL ZIP CODE 33325
SECRETARY NAME MICHAEL F. JONES TREASURER NAME C. GREGORY MORRIS
STREET ADDRESS 400 SAWGRASS CORPORATE PARKWAY STREET ADDRESS 400 SAWGRASS CORPORATE PARKWAY
CITY SUNRISE STATE FL ZIP CODE 33325 CITY SUNRISE STATE FL ZIP CODE 33325

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME C. GREGORY MORRIS DIRECTOR NAME CARL BUCCELLATO
STREET ADDRESS 400 SAWGRASS CORPORATE PARKWAY STREET ADDRESS 400 SAWGRASS CORPORATE PARKWAY
CITY SUNRISE STATE FL ZIP CODE 33325 CITY SUNRISE STATE FL ZIP CODE 33325
DIRECTOR NAME NONE DIRECTOR NAME NONE
STREET ADDRESS STREET ADDRESS
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000	COMMON	10.000	100	COMMON	100

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 2-26-96
Check No: 80752
By: [Signature]
For Secretary of State Use Only

Signature of Officer: [Signature]
Print or Type Name of Officer: C. Gregory Morris
Title of Officer: C.F.O.
Date: _____



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0064912

1995

Corporate ID: _____ Annual Report for the year: _____

HOMEOWNERS MARKETING SERVICES, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: Florida

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

6365 Taft Street

Professional Service Corporation (See RIGL Chapter 7-5.1)

Hollywood, FL 33024

Brief statement of the character of business conducted in Rhode Island:

Phone: (305) 983-0350

To provide Business Services to

Address and telephone of the principal office of business entity in Rhode

Residential Real Estate Brokers

Island (Provide street address - Not P.O. Box):

N/A

Phone: () _____

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Carl Buccellato</u>	<u>6365 Taft St., Hollywood, FL</u>	<u>FL</u>	<u>33024</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Michael F. Jones</u>	<u>6365 Taft St.</u>	<u>Hollywood, FL</u>	<u>33024</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>C. Gregory Morris</u>	<u>6365 Taft St.</u>	<u>Hollywood, FL</u>	<u>33024</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Carl Buccellato</u>	<u>6365 Taft St.</u>	<u>Hollywood, FL</u>	<u>33024</u>
<u>Melvin Stewart</u>	<u>6365 Taft St.</u>	<u>Hollywood, FL</u>	<u>33024</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>10,000</u>	<u>Common</u>	<u>100</u>	<u>Common</u>

Date March 15 19 95 By: [Signature]

Form 3: 1995 PRINT OR TYPE NAME OF OFFICER SIGNING Michael F. Jones

TITLE OF OFFICER SIGNING Secretary

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM
 125 DYER STREET
 PROVIDENCE RI 02903

FILED

MAR 27 1995

By LC 026937

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0064912 Annual Report for the year 1994

FIRST: The name of the corporation is HOMEOWNERS MARKETING SERVICES, INC.

SECOND: It is incorporated under the laws of FLORIDA

THIRD: Character of business, briefly stated, is TO PROVIDE BUSINESS SERVICES TO RESIDENTIAL REAL ESTATE BROKERS

FOURTH: If foreign corporation, address of its principal office 6365 TAFT STREET HOLLYWOOD, FL 33024

FIFTH: Business address in Rhode Island N/A

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MELVIN STEWART	Director	6365 TAFT STREET HOLLYWOOD, FL 33024
CARL BUCCELLATO	Director	6365 TAFT STREET HOLLYWOOD, FL 33024
CARL BUCCELLATO	Director	6365 TAFT STREET HOLLYWOOD, FL 33024
CARL BUCCELLATO	President	6365 TAFT STREET HOLLYWOOD, FL 33024
MELVIN STEWART	Vice President	6365 TAFT STREET HOLLYWOOD, FL 33024
MICHAEL F. JONES	Secretary	6365 TAFT STREET HOLLYWOOD, FL 33024
C. GREGORY MORRIS	Treasurer	6365 TAFT STREET HOLLYWOOD, FL 33024

SEVENTH: Number of Shares authorized:

No. of Shares 10,000 Class COMMON

Par Value or statement that shares are without par value
\$1.00

FILED

MAR 12 1994

By PLP CK #18433

EIGHTH: Number of Shares issued:

No. of Shares 100 Class COMMON

Par Value or statement that shares are without par value
\$1.00

Series

Dated MARCH 9, 19 94

HOMEOWNERS MARKETING SERVICES, INC.
(Name of Corporation)

By Laura Baron

Title Controller

(Report must be signed by an officer)



State of Rhode Island and Providence Plantations
Barbara M. Leonard
Secretary of State
100 North Main Street
Providence, Rhode Island
02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: Homeowners Marketing Services, Inc.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

6365 Taft Street
Hollywood, FL 33024

Phone (305) 983-0350

Address and telephone number of the principal office of business entity in Rhode Island (Provide street address-not P.O. Box):

N/A

Phone () _____

Business entity is (check one):

- () Business Corporation (See RIGL Chapter 7-1.1)
() Professional Service Corporation (See RIGL Chapter 7-5.1)
() Limited Liability company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Laura Baron - Controller
6365 Taft Street
Hollywood, FL 33024
(305) 983-0350

Date of organization: 03/10/88

Date of qualification to do business in Rhode Island (if foreign entity): 07/18/88

Filing Fee \$50.00

160757B

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0064912 Annual Report for the year 1993

FIRST: The name of the corporation is HOMEOWNERS MARKETING SERVICES, INC.

SECOND: It is incorporated under the laws of FLORIDA

THIRD: Character of business, briefly stated, is TO PROVIDE BUSINESS SERVICES TO RESIDENTIAL REAL ESTATE BROKERS

FOURTH: If foreign corporation, address of its principal office 6365 TAFT STREET HOLLYWOOD, FL 33024

FIFTH: Business address in Rhode Island N/A

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MELVIN STEWART	Director	6365 TAFT STREET HOLLYWOOD, FLORIDA 33024
CARL BUCCELLATO	Director	6365 TAFT STREET HOLLYWOOD, FLORIDA 33024
CARL BUCCELLATO	President	6365 TAFT STREET HOLLYWOOD, FLORIDA 33024
MELVIN STEWART	Vice President	6365 TAFT STREET HOLLYWOOD, FLORIDA 33024
MICHAEL F. JONES	Secretary	6365 TAFT STREET HOLLYWOOD, FLORIDA 33024
MICHAEL F. JONES	Treasurer	6365 TAFT STREET HOLLYWOOD, FLORIDA 33024

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	COMMON		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		\$1.00

Dated NOVEMBER 23, 19 93

HOMEOWNERS MARKETING SERVICES, INC.
(Name of Corporation)

By [Signature]

Title VICE PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

DKB - 003144

Corporate ID 0064812 Annual Report for the year 1992

FIRST: The name of the corporation is HOMEOWNERS MARKETING SERVICES, INC.

SECOND: It is incorporated under the laws of Florida

THIRD: Character of business, briefly stated, is

To provide business services to residential real estate brokers.

FOURTH: If foreign corporation, address of its principal office

6365 Taft Street, Hollywood, FL 33024

FIFTH: Business address in Rhode Island N/A

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Melvin Stewart	Director	6365 Taft St., Hollywood, FL 33024
Carl Buccellato	Director	6365 Taft St., Hollywood, FL 33024
	Director	
Carl Buccellato	President	6365 Taft Street, Hollywood, FL 33024
Melvin Stewart	Vice President	6365 Taft Street, Hollywood, FL 33024
William J. Mueller	Secretary	6365 Taft Street, Hollywood, FL 33024
William J. Mueller	Treasurer	6365 Taft Street, Hollywood, FL 33024

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	Common		\$1.00

PAID

MAR 09 1992

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00

Dated February 23 19 92 HOMEOWNERS MARKETING SERVICES, INC.

(Name of Corporation)

By [Signature] Vice President/Controller

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Handwritten initials/signature

Corporate ID 65-0039830 Annual Report for the year 12/31/90

FIRST: The name of the corporation is HOMEOWNERS MARKETING SERVICES, INC.

SECOND: It is incorporated under the laws of FLORIDA

THIRD: Character of business, briefly stated, is TO PROVIDE BUSINESS SERVICES TO RESIDENTIAL REAL ESTATE BROKERS.

FOURTH: If foreign corporation, address of its principal office 6365 TAFT STREET, HOLLYWOOD, FL 33024

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Table with 3 columns: Name, Office, Address. Lists directors and officers including MELVIN STEWART, CARL BUCCELLATO, MICHAEL F. JONES, and JAMES PEKAREK.

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value. Shows 10,000 COMMON shares with a par value of \$1.00.

Rec'd & Filed MAR 05 1991

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value. Shows 100 COMMON shares with a par value of \$1.00.

Dated FEBRUARY 21, 1991 HOMEOWNERS MARKETING SERVICES, INC. (Name of Corporation)

By MICHAEL F. JONES VP/CONTROLLER

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 65-0039830 Annual Report for the year 1989

FIRST: The name of the corporation is HOMEOWNERS MARKETING SERVICES, INC.

SECOND: It is incorporated under the laws of FLORIDA

THIRD: Character of business, briefly stated, is TO PROVIDE BUSINESS SERVICES TO
RESIDENTIAL REAL ESTATE BROKERS.

FOURTH: If foreign corporation, address of its principal office 6365 TAFT STREET
HOLLYWOOD, FL 33024

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
DONALD SLEEZER	Director	6365 TAFT STREET, HOLLYWOOD, FL 33024
MELVIN STEWART	Director	6365 TAFT STREET, HOLLYWOOD, FL 33024
CARL BUCCELLATO	Director	6365 TAFT STREET, HOLLYWOOD, FL 33024
DONALD SLEEZER	President	6365 TAFT STREET, HOLLYWOOD, FL 33024
CARL BUCCELLATO		
MELVIN STEWART	Vice President	6365 TAFT STREET, HOLLYWOOD, FL 33024
JAMES PEKAREK	Secretary	6365 TAFT STREET, HOLLYWOOD, FL 33024
JAMES PEKAREK	Treasurer	6365 TAFT STREET, HOLLYWOOD, FL 33024

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	COMMON		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		\$1.00

Dated AUGUST 9, 1990 HOMEOWNERS MARKETING SERVICES, INC.

(Name of Corporation)

By James Pekarek JAMES PEKAREK

Title SEC/TREAS.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 65-0039830 Annual Report for the year 12/31/89

FIRST: The name of the corporation is HOMEOWNERS MARKETING SERVICES, INC.

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RESIDENT REAL ESTATE BROKERS.

FOURTH: If foreign corporation, address of its principal office 6365 TAFT STREET

HOLLYWOOD, FL 33024

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
DONALD SLEEZER	Director	6365 TAFT STREET, HOLLYWOOD, FL 33024
MELVIN STEWART	Director	6365 TAFT STREET, HOLLYWOOD, FL 33024
CARL BUCCELLATO	Director	6365 TAFT STREET, HOLLYWOOD, FL 33024
DONALD SLEEZER	President	6365 TAFT STREET, HOLLYWOOD, FL 33024
CARL BUCCELLATO		
MELVIN STEWART	Vice President	6365 TAFT STREET, HOLLYWOOD, FL 33024
JAMES PEKAREK	Secretary	6365 TAFT STREET, HOLLYWOOD, FL 33024
JAMES PEKAREK	Treasurer	6365 TAFT STREET, HOLLYWOOD, FL 33024

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	COMMON		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		\$1.00

Dated MARCH 1, 19 90

HOMEOWNERS MARKETING SERVICES, INC.
(Name of Corporation)

By James Pelek JAMES PEKAREK

Title SEC/TREAS.

(Report must be signed by an officer)

COPY