

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # ~~944000036703~~ **944000036703**  
1. Corporation Name  
**American HighTech Homes, Inc**

Principal Place of Business Mailing Address  
**101 N. STATE Rd. 7 #119**  
**MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**6-13-94**

21	2. Principal Place of Business <b>101 N. ST. Rd 7 #119</b>	2a	2a. Mailing Address <b>101 N. ST. Rd 7 #119</b>
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State <b>MARGATE, FL</b>	27	City & State
24	Zip <b>33063</b>	28	Country <b>BERNARD</b>
25	Country	29	Zip
		30	Country

4. FEI Number <b>65-0491764</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

9. Name and Address of Current Registered Agent  
**ROBERT GONZALEZ**  
**6200 NW 6th ST**  
**MARGATE, FL 33063**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607 (6)(2) and 607 15(8), 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 607.05(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ (Print Name of Registered Agent and Title if applicable) \_\_\_\_\_ (Print Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERT GONZALEZ</b>
STREET ADDRESS	<b>6200 N.W. 6th ST</b>
CITY-ST-ZIP	<b>MARGATE, FLA. 33063</b>
TITLE	<b>Vice-President</b> <input type="checkbox"/> DELETE
NAME	<b>Joyce GONZALEZ</b>
STREET ADDRESS	<b>6000 N.W. 6th ST</b>
CITY-ST-ZIP	<b>MARGATE, FLA. 33063</b>
TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Williams Chais</b>
STREET ADDRESS	<b>1 N.E. 23 AVE.</b>
CITY-ST-ZIP	<b>PANAMA BEACH, FL. 33062</b>
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	<b>500002557515--5</b>
1.3 STREET ADDRESS	<b>-06/11/98--01117--015</b>
1.4 CITY-ST-ZIP	<b>***150.00 ***150.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

**AB 6/5**

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 \_\_\_\_\_

CR2E034 (10/97)