


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000028484 (9)
 1. Corporation Name
H.A. CUMBER OF WYNDHAM LAKES, INC.



Principal Place of Business 10100 W SAMPLE RD SUITE 205 CORAL SPRINGS FL 33065	Mailing Address 10100 W SAMPLE RD SUITE 205 CORAL SPRINGS FL 33065
--	--

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/26/1996	
4. FEI Number 65-0640351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent
TRANTALIS, DEAN J
8724 W SAMPLE RD
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name AFTAB A CUMBER
82 Street Address (P.O. Box Number is not acceptable) 10100 WEST SAMPLE ROAD #205
83
84 City CORAL SPRINGS FL 85 Zip Code 33065

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: *Aftab A Cumber* **AFTAB A CUMBER** **4/9/98**

Signature, typed or printed name of registered agent and state is applicable (NOTE Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME CUMBER, AFTAB A	
STREET ADDRESS 10100 W SAMPLE RD SUITE 205	
CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE DVST	<input type="checkbox"/> DELETE
NAME CUMBER, GUL	
STREET ADDRESS 10100 W SAMPLE RD SUITE 205	
CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE DAV	<input checked="" type="checkbox"/> DELETE
NAME RAYANI, SHAMS	
STREET ADDRESS 10100 W SAMPLE RD SUITE 205	
CITY-ST-ZIP CORAL SPRINGS FL 33065	
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	<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	

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 in an attachment with an address.

SIGNATURE: *Aftab A Cumber* **AFTAB A CUMBER** **4/9/98** **(954) 753-4242**

CR2E034 (10/97)