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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V48568

1. Corporation Name XL HOMES INC.



Principal Place of Business 151 WYMORE RD SUITE 688 ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business 21 108 JAY DRIVE Suite, Apt. #, etc. 22 - City & State 23 ALTAMONTE SPRINGS, FL. Zip 24 32714 Country 25 - 2a. Mailing Address 26 108 JAY DRIVE Suite, Apt. #, etc. 27 - City & State 28 ALTAMONTE SPRINGS, FL Zip 29 32714 Country 30 -

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1992 4. FEI Number 59-3131000 Applied For Not Applicable 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

9. Name and Address of Current Registered Agent FASSET, LADD ESQ FASSETT, ANTHONY & TAYLOR, PA 14 E WASHINGTON ST SUITE 500 ORLANDO FL 32801

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS D CHEN, ERIC 1931 YEAGER AVE. LAVERNE CA DPT DERMON, DUMONT A 953 RED FOX RD. ALTAMONTE SPGS. FL DVS RAHMAN, JAMES W. 16501 BAY CLUB DR CLERMONT FL D CHEN, LINA 1931 YEAGER AVE. LAVERNE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-22-99 Date 407-862-9191 Daytime Phone #

CR2E034 (11/98)