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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034261 (6)

STRYKER HOMES DEVELOPMENT CORPORATION

Country

9. Name and Address of Current Registered Agent

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FT LAUDERDALE FL 33394

Principal Place of Business 7433 NW 8TH TERR BOCA RATON FL 33487

2. Principal Place of Business

KIPNIS, ALAN 1 FINANCIAL PLAZA

STE 2308

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

7433 NE 8TH TERR BOCA RATON FL 33487

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED
Mar 04 1998 8:00am
Secretary of State

	DO NOT WRITE IN THIS SP	ACE
	3. Date Incorporated or Qualified 05/10/1993	
	4. FEI Number	Applied For
	65-0495798	Not Applicable
		\$8.75 Additional Fee Regulred
	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes
	<ol> <li>Name and Address of New Registered Ag</li> </ol>	ent
Name		
Street Add	dress (P.O. Box Number is Not Acceptable)	

Zip Code

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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.

Country

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SIGNATURE	Signature, typed or profed name of registered agent and to	tie if sont cable (NOTE	Registered Agent signature requ	ired when reinstaling) DATE	
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	Change Addition	
NAME	VOGEL, THOMAS A.		1.2 NAME		
STREET ADDRESS	7433 NE 8TH TERRACE		1.3 STREET ADDRESS	İ	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	8	☐ DELETÉ	2.1 TITLE	☐ Change ☐ Addition	
NAME	COLSON, EDWARD JR.		2.2 NAME		
STREET ADDRESS	4931 NE 29TH AVE		2.3 STREET ADDRESS		
CHTY-ST-ZIP	LIGHTHOUSE POINT FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· .	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.					