


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90020 046 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 220285 1. Corporation Name PASADENA HOMES, INC.			
Principal Place of Business 1000 NORTH HIATUS ROAD SUITE #100 PEMBROKE PINES FL 33084 US		Mailing Address 1000 NORTH HIATUS ROAD SUITE #100 PEMBROKE PINES FL 33084 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 02/16/1959			
4. FEI Number 59-0866734		Applied For Not Applicable	
5. Certificate of Status Desired ~ <input 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BERGER, ADOLPH J. 1000 N HIATUS ROAD PEMBROKE PINES FL 33026		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 <i>Adolph J. Berger</i> PRESIDENT DATE 1/29/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VSD <input type="checkbox"/> DELETE NAME MILLER, LEONARD STREET ADDRESS 23 INDIAN CREEK DRIVE CITY-ST-ZIP MIAMI, FL 33154		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME BERGER, HELENE (ASST) STREET ADDRESS 3 GROVE ISLAND DR.#801 CITY-ST-ZIP MIAMI FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME BERGER, ADOLPH J STREET ADDRESS 3 GROVE ISLAND DR.#801 CITY-ST-ZIP MIAMI FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VT <input type="checkbox"/> DELETE NAME RENZI, BONNIE L STREET ADDRESS 4204 N OCEAN DRIVE CITY-ST-ZIP HOLLYWOOD FL 33019		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Adolph J. Berger* PRESIDENT DATE 1/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0146641

CR2E034 (1/1/98)