

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90145 037 \*\*\*158.75

DOCUMENT # 471443

1. Corporation Name

CARRIAGE HOUSE CUSTOM HOMES, INC.

Principal Place of Business

2583 MONACO CIRCLE  
PALM BEACH GARDENS FL 33410

Mailing Address

2583 MONACO CIRCLE  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1975

4. FEI Number

59-1580205

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 901 MAINSAIL CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

26 901 MAINSAIL CIRCLE

Suite, Apt. #, etc.

City & State

23 JUPITER, FL.

City & State

28 JUPITER, FL.

Zip

24 33477

Country

Zip

29 33477

Country

30

9. Name and Address of Current Registered Agent

RUSSO, FRANCIS  
2583 MONACO CIRCLE  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

FRANCIS RUSSO

82 Street Address (P.O. Box Number is Not Acceptable)

901 MAINSAIL CIRCLE

83

84 City

JUPITER

FL

85 Zip Code

33477

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

TITLE P ☐ DELETE

NAME RUSSO, FRANCIS

STREET ADDRESS 2583 MONACO CIRCLE

CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ST ☐ DELETE

NAME RUSSO, LINDA

STREET ADDRESS 2583 MONACO CIRCLE

CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

FRANCIS RUSSO

1.3 STREET ADDRESS

901 MAINSAIL CIRCLE

1.4 CITY-ST-ZIP

JUPITER, FL. 33477

2.1 TITLE

ST

2.2 NAME

LINDA RUSSO

2.3 STREET ADDRESS

901 MAINSAIL CIRCLE

2.4 CITY-ST-ZIP

JUPITER, FL. 33477

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:

Francis Russo

FRANCIS RUSSO

1/5/99

561-748-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)