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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **503857** **(5)**

1. Corporation Name
**ALDEN HOMES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7100 N. KENDALL DR., #100<br>P.O. BOX 560834<br>MIAMI FL 33256-7834 | 7100 N. KENDALL DR., #100<br>P.O. BOX 560834<br>MIAMI FL 33256-0834 |

3. Date Incorporated or Qualified: **05/24/1976**
3a. Date of Last Report: **02/13/1996**

4. FEI Number: **59-1673599** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9000 S.W. 152 St. #102 | 26 9000 S.W. 152 St. #102 |
| 22 Suite, Apt. #, etc. P.O. Box 560834 | 27 Suite, Apt. #, etc. P.O. Box 560834 |
| 23 City & State Miami, FL 33256-0834 | 28 City & State Miami, FL 33256-0834 |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent
**WHITE, RICHARD M.**
**7100 NORTH KENDALL DRIVE**
**MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name: WHITE, RICHARD M.
82 Street Address (P.O. Box Number is Not Acceptable): 9000 S.W. 152 St. #102
83
84 City: Miami **FL** 85 Zip Code: 33157

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | PSD | ☒ Change ☐ Addition |
| NAME | ZIEMAN, ALDEN | | 1.2 NAME | ZIEMAN,ALDEN | |
| STREET ADDRESS | 7100 N. KENDALL DRIVE | | 1.3 STREET ADDRESS | 9000 S.W. 152 St. #102 | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | Miami, FL 33157 | |
| TITLE | VT | ☐ DELETE | 2.1 TITLE | VT | ☒ Change ☐ Addition |
| NAME | ZIEMAN, BERNARD M. | | 2.2 NAME | ZIEMAN, BERNARD M. | |
| STREET ADDRESS | 130 DAMARISCOTTA | | 2.3 STREET ADDRESS | 49 Shaeffer Rd. | |
| CITY-ST-ZIP | DAMARISCOTTA MA | | 2.4 CITY-ST-ZIP | Centerville, MA 02632 | |
| TITLE | AS | ☐ DELETE | 3.1 TITLE | AS | ☒ Change ☐ Addition |
| NAME | GUTFLEISH, MEREDITH | | 3.2 NAME | GUTFLEISH,MEREDITH | |
| STREET ADDRESS | 10 KEARSAGE AVE | | 3.3 STREET ADDRESS | 19 Osage Rd. | |
| CITY-ST-ZIP | W HYANNISPORT MA | | 3.4 CITY-ST-ZIP | Oakland, NJ 07436 | |
| 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 | | |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** _____ 3-24-97 305-375-0266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0256664