## 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

## DOCUMENT # 587364 1. Corporation Name

MARIANI HOME BUILDERS, INC.

CITY-ST-ZIP

## Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90014 023 \*\*\*150.00



Principal Place of Business Mailing Address							- \$ 180101 81101 \$0111 10000 11110 01111 01011 01011 01011 01011 01011 01011 01011 01011 01011
			2 Hargrove Road (Unit B) P. O. Box 350-508				
PALM COAST FL 32135 PALM COAST FL 32135						DO NOT WRITE IN THIS SPACE	
			,				3. Date Incorporated or Qualifed
						_	09/25/1978
_			2a. Mailing Address				4. FEI Number Applied For SQ-1857620 Not Applicable
21			Suite, Apt. #, etc.'				59-1857620   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.			magnetic for the second of the contract of the				5Certificate of Status Desired Fee Required Fee Require
City & State			City & State			_	6. Election Campaign Financing S5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country			Zip : Country				8. This corporation owes the current year Intangible
24 25 29			30				Personal Property Tax.
Name and Address of Current Registered Agent					1		10. Name and Address of New Registered Agent
0.00	NIENTO MONTE D				81	Name	
CHIUMENTO, MICHAEL D.			<u> </u>		82	Street Addre	ess (P.O. Box Number is Not Acceptable)
4 OLD KINGS ROAD NORTH PALM COAST FL 32137					83		
FALR	W COAST FL 32137				63		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statute	s, the a	oove	 e-named corpo	pration 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 ago	ent and title if	applicable. (NOTE: 1	Registered	Agen	t signature required	
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 Til	lΕ		Change Addition
NAME	MARIANI, ELVIRA			1.2 NA			
STREET ADDRESS						ADORESS	
CITY-ST-ZIP	PALM COAST FL		☐ DELETE	1.4 CI		T-ZIP	Change Addition
TITLE	TS		□ DELETE	2.1 TI			
NAME	MARIANI, EMILIO					ADORESS	
STREET ADDRESS	4 CHRISTOPHER COURT PALM COAST FL		·	2.4 C		!	
CITY-ST-ZIP TITLE	V		DELETE	3.1 TI		11-21	Change
NAME	MARIANI, LISA			3.2 NA			·
STREET ADDRESS	58 FREELAND LANE			3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	PALM COAST FL			3.4. C	TY-S	T-ZIP	
TITLE			☐ DELETE	4.1 717	LE		Change Addition
NAME				4. 2 N	AME		_
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP				4.4 Cf	TY-\$1	T-ZIP	
TITLE			□ DÉLETE	5.1 Tr		,	☐ Change ☐ Addition
NAME				5.2 NA			
STREET ADORESS				1		ADDRESS	
CITY-ST-ZIP			☐ DELETE	5.4 CI 6.1 TI		1-211	☐ Change ☐ Addition
TITLE			□ DETEIE	6.2 N/			□ Citalige □ Addition
NAME :	11.22 H 1.23					ADORESS	
STREET ADDRESS	market to a state of the			6.4 CI		1	
CITY-ST-ZIP	17 4			3.7 31		[	

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.

BA MARIANI-PRES