## 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 # 638737

(7)

BEE RIDGE HOMES, INC.

## **FILED** Feb 04 1998 8:00am Secretary of State



(ary) 927-11417

				<u> </u>	E'E', Bigil (1914 201) Bigil Filil (20)
Principal Plac	e of Business	Mailing Address			6.014 61611 01911 91911 61611 E1911 1091
1777 VENICE LANE SUITE 232 1777 VENICE LANE , SUITE 2			232		
NORTH MAMIT PE 43181 NORTH MIAMIT FE 33181				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/05/1979	
2. Principal P	lace of Business (	2a. Mailing Address		4. FEI Number	Applied For
	N. FEDERAL HWY	26 P.O. BOX	1814	13-3007391	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			SQ 75 Additional
22 27				5. Certificate of Status Desired	Fee Regulred
City & State City & State			^	6. Election Campaign Financing	\$5.00 May Be
23 DANI			<sup>4</sup> ι,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pair	
24 3300	4 25 4 SA	29 3 3004-1814 30	USA	Personal Property Tax due June	
	9. Name and Address of Current			10. Name and Address of New Reg	
81 Name				land an Armylan	,
WOHL, MATTHEW			<u> </u>	DOHL , MATTHEW	
#232			82 Street Add	dress (P.O. Box Number is Not Acceptable P.O. FLOIRAL	
1777 VENICE LANE			83	701 FEBRICAL	410447
NU	RTH MIAMI FL 33181				
			84 City	NIA	FL 85 Zip Code 32004
44 Dimension	to the provisions of Continue CO7 0500	and COT 1500 Florida Plat day			
office or r	egistered agent, or both, in the State of	rand 607 1506, Florida Statutes, t of Florida. Such change was autho	orized by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Florida	Statutes.	1/2	0/-0
SIGNATURE	(OYB) 420	W		1/2	1/98
10	Sign time, typed of printed name of registered agen OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	pistered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE DIRECTORS IN 12
12.	PD OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	WOHL, MATTHEW	L. J. Cere	1.2 NAME		E oninge
					ĺš
STREET ADDRESS	1777 VENICE LANE #232		1.3 STREET ADDRESS		ļū
CITY-ST-ZIP	NORTH MIAMI FL	DELETE	1.4 City - ST- ZIP		Change Addition
TITLE	VP	DECEIE	2.1 TITLE		Change C Addition
NAME	WOHL, TAMARA		2.2 NAME		
STREET ADDRESS	1777 VENICE LANE #232		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL	- I britze	2 4 CITY - ST - ZIP	<del></del>	
TITLE	ST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WOHL, BENJAMIN	Į	3.2 NAME		t .
STREET ADDRESS	1777 VENICE LANE #232		3.3 STREET ADDRESS		1
CITY - ST - ZIP	NORTH MIAMI FL		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TOLE		☐ 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		1	6.3 STREET ADDRESS		\ \
CITY-ST-ZIP			64 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.

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