Apr 08, 1999 8:00 am Secretary of State

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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 # 689945

1. Corporation Name

HALIFAX DESIGNER HOMES, INC.

Principal Place of Business Mailing Address						1 0100 1 6 511 0 101 01	#11 W/#11 B/B// 1	11811 81911 1881
C/O WILLIAM D. KRAMER. P.A. 1838 40TH TERRACE SW		C/O W.D. KRAMER 1838 40TH TERRACE SW		DO NOT V	VRITE IN THIS	SPACE		
NAPLES FL 34116 US .		NAPLES FL 34116 US		3. Date Incorporated or Qualifed				
		00			10/01/1980			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
22 () (((((((((((((((((26			58-2030744		No	t Applicable
- Suite, Apt.	#. etc-	Suite, Apt. #, etc.	·				\$8.75	Additional -
22	.,	27			5. Certificate of Status Desired	· 🗡 _	Fee Re	equired
City & State	e .	City & State			6. Election Campaign Financi	ng 🗆	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the	current year Inte		
24		29 3	0		Personal Property Tax.		∐Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of Ne	w Registered	Agent	
VDA	NED MAILIANA D		81	Name				
	MER, WILLIAM D.		82	Street Ad	dress (P.O. Box Number is Not Acc	eptable)	,	
1838 40TH TERRACE SW SUITE 3			83					
	LES FL 34116		83	ļ				
INAFI	LL3 7 L 34110		84	City		FL	85 Zip	Code
		00 1007 1500 Ft : In Chat to	46 6		energies submits this statement for		changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	e of Florida. Such change was aut	nonzed by	the corpora	tion's board of directors. I hereby a	ccept the appoin	ntment as re	gistered
0	-9	HALL OF CANES COZ NEDE Claric	4- 04-4-4-					
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statutes					
agent. I a	·			i. 		DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	Registered Ager	i. 	ired when reinstating)	DATE OFFICERS AN	D DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	Registered Ager	i. 	ired when reinstating) ADDITIONS/CHANGES TO		D DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI PST	ent and title if applicable. (NOTE: R	13.	i. 				
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PST ALKSNINIS, ALGIRDAS 1217 FRUITLAND AVE.	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requi				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PST ALKSNINIS, ALGIRDAS 1217 FRUITLAND AVE. MARCO ISLAND FL 34145	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE*	nt signature requi				
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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 an attachment with an application of the corporation of the corporation or the receiver or trustee empowered.

ALCIONAL ALVANILLIS EGIRDAS ALKSNIN

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP