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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED
Mar 26, 1999 8:00 am
Secretary of State

	Secretary of State ON OF CORPORATIONS	03-26-1999 90029 039 *	
DOCUMENT # 823322	, , ,		
MOLERNS HOMEBUILDERS INC	N/C 7/17/99	•	
ORLEANS HOMEBUILDERS INC (FORMERLY KNOWN AS "FPA CORPORAT	10~")		
Principal Place of Business Mailing Address	<del></del> ,	_	
	-NW000 SQ		
SUITE 101	'   FFT 8 A	DO NOT WRITE IN THIS SPA	ACE
		3. Date Incorporated or Qualifed	
BENSALEN, PA 19020 BENSALEN		10/1/69	
2. Principal Place of Business 2a. Mailing Addres	SS	4. FEI Number 59-0874323	Applied For
21   26     Suite, Apt. #, etc.   Suite, Apt. #, e	nto.		Not Applicable  8.75 Additional
22 27	, , , , , , , , , , , , , , , , , , ,	5. Certifcate of Status Desired	Fee Required
City & State City & State			5.00 May Be
23 28	Country	Trust Fund Contribution	Added to Fees
Zip   Country   Zip     Zip     Zip     Zip     Zip     Zip   Zi	Country 30	8. This corporation owes the current year Intangib Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agen	
LIBO FINEBERG	81 Name		
3500 GATENAY DRIVE	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ou ou vida	(**************************************	•
JUITE 201	83		
POMPANO BERCH, FLA 33069	84 City	85	Zip Code
		FL	Jaina ita rasistarad
I 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida			
office or registered agent, or both, in the State of Florida. Such change	was authorized by the corporation	poration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointment	nt as registered
office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with and accept the obligations of, Section 607.05	was authorized by the corporation	noration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointmen	nt as registered
office or registered agent, or both, in the State of Florida. Such change	was authorized by the corporation	on's board of directors. I hereby accept the appointmen	nt as registered
office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with and accept the abligations of, Section 607.05  SIGNATURE  Signature—Florid or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	e was authorized by the corporation of the corporat	on's board of directors. I hereby accept the appointment of when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	nt as registered
office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with and accept the abligations of, Section 607.05  SIGNATURE  Signature The provided agent and title if applicable.  12. OFFICERS AND DIRECTORS  TILE DC. DEL	e was authorized by the corporation 05, Florida Statutes.  (NOTE: Registered Agent signature require 13.  ETE 1.1 TITLE	on's board of directors. I hereby accept the appointment of when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12 Change
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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: \_

DEPARTED NAME OF SIGNING OFFICER OR DIRECTOR