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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F03591**

(7)

1. Corporation Name

PULTE REAL ESTATE COMPANY



Principal Place of Business

**33 BLOOMFIELD HILLS PKWY., SUITE 200
BLOOMFIELD HILLS MI 48304-2944**

Mailing Address

**33 BLOOMFIELD HILLS PKWY., SUITE 200
BLOOMFIELD HILLS MI 48304-2944**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1980

4. FEI Number

38-2332849

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **O'BRIEN, MARK**
STREET ADDRESS **511 BAY ST SUITE 305**
CITY-ST-ZIP **TAMPA FL**

TITLE **DPT** ☐ DELETE
NAME **FREES, VINCENT J**
STREET ADDRESS **33 BLOOMFIELD HILLS PKWY., SUITE 200**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304-2944**

TITLE **V** ☒ DELETE
NAME **CROFT, JEFFREY**
STREET ADDRESS **511 BAY ST SUITE 305**
CITY-ST-ZIP **TAMPA FL**

TITLE **AS** ☐ DELETE
NAME **ZUKOFF, COLETTE R**
STREET ADDRESS **33 BLOOMFIELD HILLS PKWY**
CITY-ST-ZIP **BLOOMFIELD HILLS MI**

TITLE **VS** ☐ DELETE
NAME **STROLLER, JOHN R.**
STREET ADDRESS **33 BLOOMFIELD HILLS PKWY**
CITY-ST-ZIP **BLOOMFIELD HILLS MI**

TITLE **AS** ☐ DELETE
NAME **THOMAS, MAUREEN E**
STREET ADDRESS **33 BLOOMFIELD HILLS PKWY SUITE 200**
CITY-ST-ZIP **BLOOMFIELD HILLS MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☐ Change ☒ Addition
12 NAME **LAWRENCE S. COMEGYS**
13 STREET ADDRESS **1509 W. SWANN AVE, #240**
14 CITY-ST-ZIP **TAMPA, FL 33606**

21 TITLE **DCFOT/c** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE **AS** ☐ Change ☒ Addition
32 NAME **CALVIN R. BOYD**
33 STREET ADDRESS **33 BLOOMFIELD HILLS PKWY, #200**
34 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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.

SIGNATURE *Calvin R. Boyd*

CR2E034 (10/97)