

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F16467**

1. Corporation Name

**HENKE HOMES, INC.**

**(5)**

Principal Place of Business

6100 LEEANN LN.  
NAPLES FL 33942

Mailing Address

1555 ALCAZAR AVE  
FT MYERS FL 33901  
US

2. Principal Place of Business

**21 3173 DOMESTIC AVE**

Suite, Apt. #, etc.

26. Mailing Address

Suite, Apt. #, etc.

22. City & State

**23 NAPLES**

**FL**

27. City & State

28. Zip

29. Country

30. Zip

Country

9. Name and Address of Current Registered Agent

**HENKE, BRUCE T  
1555 ALCAZAR AVE  
FT MYERS FL 33901**

61. Name

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

63.

64. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>HENKE, BRUCE T</b> <b>6100 LEEANN LN.</b> <b>NAPLES FL</b>	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>HENKE, BONNADINE A</b> <b>6100 LEEANN LN.</b> <b>NAPLES FL</b>	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Bruce T. Henke* **DATE:** *4/14/98* **(941) 532-1894**

FILED  
Apr 20 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/28/1981**

4. FEI Number

**59-2052096**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75**

Additional Fee Required

6. Election Campaign Financing

**\$5.00**

May Be Added to Fees

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

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (10/97)