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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F20992

(6)

PRIESTE	S HOMES, INC.				
2					
Principal Place	e of Business	Mailing Address			
RICHMAN, JEROME		RICHMAN, JEROME			
19 W FLAGLER ST MIAMI FL 33130		19 W FLAGLER ST Miami Fl 33130-4400			
MINMI AF 2212	,	MINMI FE 33130-4400		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/25/1981	04/26/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2580051	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23		28	:	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Oountry	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	Yes No
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	STES,MARIE		B1 Name		
	PINETREE DRIVE		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
! LAKE	E WALES FL 33853		83		
			. 63		
•			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statuto	os the above-named corn	oration submits this statement for the p	urnose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida, Such change was a	uthorized by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	Transia with and accept the opin	360000 01, 000001 007.0000, 110	incia Cianoles.		ì
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent signature requir		DATE
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	SD MADIE	☐ DELETÉ	1.(HILE		Change Addition
:NAME STREET ADDRESS	PRIESTES, MARIE 9940 PINETREE DRIVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 0		1.4 CHY-SI-ZIP		
TITLE	PD	DELETE	21 1011		Change Addition
NAME	PRIESTES, THOMAS		2.2 NAME		
STREET ADDRESS	9940 PINETREE DRIVE		2.3 STREET ADDRESS		
· CITY-ST-ZIP	LAKE WALES, FL 0		2. CITY-\$1-ZIP		
TITLE		DELETE	3.1 7 (TEF	·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CATY-ST-ZAP TITLE		DELETE	34, CITY-ST-ZIP 4.1 TITLE		Change L Addition
NAME		<i>D</i> LLL1L	4.2 NAME		Change Addition [
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 CHY-S1-ZIP		
TITLE		□ DELETE	617ITCF		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST 7IP			6.4 CHY-ST-Z/P		\$

I do 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 files. 13 if chapter 60, or on an attachment with an address.